

# Direct Debit Enrollment



I, \_\_\_\_\_, hereby authorize **Southern Management Corporation** and the financial institution indicated below to automatically deposit payments into my bank account.

I understand that this agreement may be terminated by me at any time by **written** notification to Southern Management Corporation and that notification must occur at least five business days before the next scheduled payment. Southern Management may also terminate this agreement at any time for any reason with five days written notice to me.

**Please complete the information below, attach a voided check for a checking account or deposit slip for a savings account and return this form to:**

- Southern Management Corporation
- Attention: Mike McKinley
- 1950 Old Gallows Road, Suite 600
- Vienna, VA 22182

Partner Name: \_\_\_\_\_

Address & Suite #: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person #: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Type:  Checking  Savings

Account #: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

