



66 Third Street Ste. 104
Dover, New Hampshire 03820
Phone (603) 750 7501
Fax (603) 750 7502

Automatic Debit Authorization Form

I, _____ authorize Winsor Brook Property Advisors to debit my account listed below for \$_____ monthly beginning _____/_____/_____ and on the 1st day of each month. I understand I am in full control of my payment, and if at any time I decide to discontinue, I will simply write or fax the above named business.

Please attach a voided check.

Customer Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

In order to accurately debit your account we need to use a check number. This number should NOT be in the same sequence you are currently using, as we do not want to duplicate numbers.

What is the number you would like us to start with? _____

Signature

Date