



Property. Different. Customized. Good Business. Management.

Your Peace Of Mind, Inc.
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AUTHORIZATION FORM FOR CONSUMER WITHDRAWAL

Please submit this form to authorize the direct withdrawal of your Association Fees from your checking/savings account. This form must be received by the 20th of the month in order for the following month's payment to be withdrawn. *Withdrawals will be completed on the 7th of each month.*

Community Name: _____

Your Name: _____

Home Address: _____

City, State & Zip Code: _____

Phone Number: _____

I authorize Your Peace of Mind, Inc. to instruct my bank to make my regular monthly Association payments from my checking/savings account. Only monthly Association fees will be debited from my account. I am aware that special assessments or other additional fees must be paid directly by myself and will not be auto debited. I also understand this authority will remain in effect until I notify Your Peace of Mind, Inc. in writing, to cancel it in such time as to afford the financial institution a reasonable opportunity to act upon the request. I understand that this information will be used solely for the purpose of making payments to my Association.

Financial Institution (Bank or Credit Union) _____

Financial Institution Routing Number*

(Must be 9 digits) _____

**This number usually precedes your account number at the bottom of the check.*

Please check the account you wish the fees to be withdrawn from along with the account number:

Bank Savings Account # _____

Bank Checking* Account # _____

Effective Date: _____

** Please attach a voided check to this form should you choose withdrawal from your checking account.*

Your Signature _____ Date _____

Please return this completed form by fax, mail or e-mail to the address at the top of the page.