

## ACH Debit Instructions

Through our managing agent, Siren Management Corp., we offer an ACH (Automated Clearing House) debit program for the direct payment of your monthly maintenance from a personal checking account into the co-op's checking account.

To enroll in the ACH debit program, complete the below form and attach a void check from the account which you will use for the ACH debit. Return both the form and voided check to Siren Management by the 21<sup>st</sup> day of the month to commence ACH payment for the following month.

The co-op will be credited with your payment on the 5<sup>th</sup> day of each month (or the next business day if the 5<sup>th</sup> is a weekend or holiday). Shareholders who use ACH debit are expected to have sufficient funds available on/by the 5<sup>th</sup> in order to cover the payment.

For questions, please contact our property manager, Howard Landman, at 212-483-0700 or [hlandman@sirenmgt.com](mailto:hlandman@sirenmgt.com)

Authorization Agreement for Pre-Authorized Payments

ACH DEBIT

I WANT TO ENROLL IN THE DIRECT PAYMENT OPTION AND HAVE MY MONTHLY PAYMENTS DEDUCTED AUTOMATICALLY FROM THE ACCOUNT ASSOCIATED WITH THE ATTACHED CHECK. SIREN MANAGEMENT CORP. AS MANAGING AGENT WILL NOTIFY MY FINANCIAL INSTITUTION OF THE AMOUNT TO BE DEDUCTED. IF AT ANY TIME I DECIDE TO DISCONTINUE THE DIRECT PAYMENT OPTION, I MUST NOTIFY SIREN MANAGEMENT CORP. IN WRITING IN SUCH A MANNER AS TO AFFORD A REASONABLE OPPORTUNITY TO ACT UPON THE REQUEST.

I UNDERSTAND AND AGREE THAT SIREN MANAGEMENT CORP. AS AGENT IS NOT LIABLE IN ANY WAY FOR ERRONEOUS BILLING STATEMENTS OR INCORRECT DEBITS TO MY ACCOUNT.

MAIL TO: Siren Management Corp.  
40 Exchange Place  
New York, NY 10005  
Attn: ACH Department

**PLEASE DO NOT MAIL THIS FORM WITH YOUR CURRENT MONTH PAYMENT**

Sign this form where indicated below as your acceptance and agreement of the ACH debit program:

SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_  
PRINT NAMES: \_\_\_\_\_  
BUILDING ADDRESS: \_\_\_\_\_  
APARTMENT #: \_\_\_\_\_  
APARTMENT ACCOUNT NO.: \_\_\_\_\_ (As found on monthly bill)  
DAYTIME TELEPHONE #: \_\_\_\_\_

Please attach original voided check below and be sure that the check applies to the checking account that you want debited for this pre-authorized pay option.

**ATTACH VOIDED CHECK HERE**