

**OLYMPICTOWER CONDOMINIUM**  
**VARIOUS METHODS AVAILABLE TO PAY YOUR**  
**MONTHLY COMMON CHARGES**  
Revised 06/17/10

All questions regarding billing, current charges due and payment history can be answered by our Accounts Receivable representative, Maria DiNapoli (212.350.2872) [maria.dinapoli@ellimanpm.com](mailto:maria.dinapoli@ellimanpm.com), at Douglas Elliman Property Management (the managing agent for Olympic Tower Condominium).

**Personal Check:**

Each month you will receive a bill for your common charges. Please issue a check in the amount indicated via a personal check, place it in the envelope provided, add postage and mail accordingly.

**Automated Clearing House (ACH) Account:**

Also known as Direct Bill Payment – Automatic Withdrawal

Please see the following sheets from information, instructions and forms on this method of payment.

For questions about this program, please contact Jim Herbe @ 212-692-8375 or e-mail: [Jim.Herbe@Ellimanpm.com](mailto:Jim.Herbe@Ellimanpm.com).

**On-Line Banking:**

Using your computer, go to your bank's on-line bill paying system and set up the payment details.

The bank will debit your designated account, issue a physical check every month and send it to DEPM.

You will need to provide the bank with the following information:

1. The address where the check will be mailed: Douglas Elliman Property Management, 675 Third Avenue, New York, NY 10017, Attn: MD);
2. Your Olympic Tower Condominium account number. *This account number also needs to be indicated on the check;*
3. The amount of the common charge authorized to pay.

**Wire Transfers:**

We do not accept wire transfers.

**AUTOMATED CLEARING HOUSE ACCOUNT (ACH)**  
a/k/a Direct Bill Payment

Please find attached an authorization agreement for direct payment (ACH Debits) of your monthly maintenance charges and any other apartment ownership-related charges.

The attached authorization form permits Douglas Elliman Property Management to debit your checking account and credit your cooperative maintenance account. This electronic transfer will take place between the 3<sup>rd</sup> and 6<sup>th</sup> day of each month. Participants will continue to receive monthly maintenance invoices for informational purposes only. A processing fee of \$ 10.00 applies, if the automatic transfer cannot go through due to insufficient funds in the participant's bank account (similar to a check returned for insufficient funds).

Please note that the participant's bank account will be debited for any and all amounts owed the Corporation on the date of the automatic transfer. These may include maintenance and tenant charges, assessments, and late charges, legal and sublet fees.

If you wish to participate, please complete the attached authorization sheet and return same, along with a voided personal check issued by the financial institution that you wish to use for the automatic transfer to Mr. James Herbe at this office (see attached form for full contact detail). Please note that, if more than one apartment is owned by one entity, each apartment must be listed on the participation form. If you require any additional information regarding the ACH program, please contact Mr. Herbe at 1-212- 692-8375. Information regarding your bank account number, branch number, routing number will be supplied by your own financial institution.

Completed forms should be faxed to:

James Herbe at (646) 843-2525

or mailed to:

Douglas Elliman Property Management  
A/A/F Olympic Tower Condominium  
675 THIRD AVENUE  
NEW YORK, NEW YORK 10017

Attn: James Herbe

**Douglas Elliman Property Management  
A/A/F Olympic Tower Condominium  
675 THIRD AVENUE  
NEW YORK, NEW YORK 10017**

**AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (ACH DEBITS)**

I, (we) hereby authorize Douglas Elliman Property Management, a/a/f/ Olympic Tower Condominium, hereinafter called "the Company", to debit my (our):

- Checking Account
- Savings Account

indicated below at the depository financial institution named below, hereinafter called "the depository" and to debit same to such account and to credit my Olympic Tower Condominium account.

DEPOSITORY  
NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ROUTING NUMBER: \_\_\_\_\_ ACCT.NO: \_\_\_\_\_

This authorization is to remain in full force and effect until "Company" has received written notice notification from me (or either of us) of its termination in such time and manner as to afford "Company" and "Depository" a reasonable opportunity to act on it.

NAME(S) \_\_\_\_\_ APT.(S) \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED X \_\_\_\_\_ SIGNED X \_\_\_\_\_

**SAMPLE CHECK**

<b>NAME</b>	<b>CHECK NUMBER</b> _____
<b>ADDRESS</b>	
<b>PAY TO THE ORDER</b> _____	<b>\$</b> _____
	<b>DOLLARS</b>