

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY

I (we) hereby authorize _____, hereinafter called "the Association," to initiate debit entries to my (our) Checking Account or Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called "Depository," and to debit the same to such account for the purpose of collecting assessments for my community association. I (we) understand that this debit will occur between the 5th and 9th of each month in which assessment payments are due **and will include any outstanding balance**. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

**Please note that if you are already enrolled in this program,
there is no need to re-apply or re-submit another form.**

Depository Name _____ Branch _____

City, State, Zip _____

Routing Number (9 digits) _____ Account Number _____

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

Association Name _____ Account # _____

Property Address _____

Owner Name(s) _____

Phone Number(s) _____ E-Mail Address _____

Signature(s) _____

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Please return form and voided check to:

ProCom
400 Serendipity Drive
Millersville, MD 21108

**Authorization must be received by the 30th day of the current month for direct debit
to begin the following assessment due date**