

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

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 ALREADY ENROLLED IN THIS PROGRAM, YOU DO NOT
NEED TO RE-APPLY EACH YEAR.**

Association Name _____ Account # _____

Property Address _____

Owner Name(s) _____

Phone Number(s) _____ E-Mail Address _____

Depository Name _____ Branch _____

City, State, Zip _____

Routing Number (9 digits) _____ Account Number _____

PLEASE MAKE SURE THAT YOUR BANK ACCOUNT NUMBER INCLUDES ALL DIGITS, INCLUDING ZEROS. IF YOU ARE UNSURE OF WHAT YOUR FULL BANK ACCOUNT NUMBER IS, PLEASE CONFIRM WITH YOUR BANK AND/OR REFER TO THE BOTTOM OF ONE OF YOUR CHECKS. A FAILURE TO PROVIDE ACCURATE BANK ACCOUNT INFORMATION COULD RESULT IN YOUR PAYMENTS NOT BEING DEBITED.

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.

Signature(s) _____

Please return this signed form to your association manager at 400 Serendipity Drive, Millersville, MD 21108 or via E-Mail. Authorization must be received by the 30th day of the current month for the direct debit to begin the next assessment period.