

# Authorization Agreement For Direct Debit Payments (ACH Credits)

This form authorizes your condominium or homeowner association to collect your assessment dues/fees from your checking or savings account.

Association Name: \_\_\_\_\_ Date of 1st Direct Payment: \_\_\_\_\_

Payment Frequency: (please check one)

Date of Debit (select one) 1st \_\_\_\_\_ 15<sup>th</sup> \_\_\_\_\_

I, (We) hereby authorize(), hereinafter called Association, to initiate debit entries to my (our) checking account or savings account at the financial institution named below to debit these dues/fees to such account.

Financial Institution (Your Bank) \_\_\_\_\_ Depository Branch (Your Bank Branch Address) \_\_\_\_\_

City (Of Your Bank) \_\_\_\_\_ State (Of Your Bank) \_\_\_\_\_ Zip Code (Of Your Bank) \_\_\_\_\_

Routing Number (Ask Your Bank) \_\_\_\_\_ Account Number (Of Your Account) \_\_\_\_\_

\*\*Checking \_\_\_\_\_ Savings \_\_\_\_\_ (Select One)

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

Name(s) (Please Print) \_\_\_\_\_ SSN(s) \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_ Signed \_\_\_\_\_

Your Unit Address \_\_\_\_\_ Your Account Number (Located on Coupon Book ) \_\_\_\_\_

Your Daytime Telephone Number (10 digits please, indicate whether home or work) \_\_\_\_\_

\*\* Please include a voided check\*\* Please return this form to A/R-Direct Debit, ACM, 9160 Red Branch Road, E-6, Columbia, MD 21045. This form and voided check may also be faxed to (410) 997-8876

NOTE: This written authorization to effect a direct debit on a recurring basis may only be cancelled in writing by any one of the persons who have signed above.