

# Community Management Group, LLC

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize \_\_\_\_\_, hereinafter called ASSOCIATION, to  
(Association Name)  
initiate debit entries to my (our)  Checking Account/  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) acknowledge that the  
origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository  
Name \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Routing Number \_\_\_\_\_ (9 digits) Account Number \_\_\_\_\_

Name of Association \_\_\_\_\_

Property Address \_\_\_\_\_

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE  
USE ONLY**

Homeowner Account # \_\_\_\_\_  
Assessment Frequency \_\_\_\_\_  
Amount to be drafted each time \_\_\_\_\_  
Start Date \_\_\_\_\_

### \*\*\*\*\* IMPORTANT NOTICES \*\*\*\*\* PLEASE READ \*\*\*\*\*

- \* ONLY completed forms with your ORIGINAL signature can be accepted (no faxed, e-mailed or photo-copies)
- \* ACH Debits will occur per the due date and frequency defined by your ASSOCIATION. Authorization forms/  
cancellation requests must be received by Community Management Group, LLC at 349 Folly Rd. Suite 2B,  
Charleston, SC 29412 a minimum of 15 days prior to the date you wish your ACH Debit to begin/end.  
(Example: If the due date of your ASSOCIATIONS monthly assessment is the 1st of each month and you  
want your draft to begin on 9/1 then this form must be received no later than 8/15)
- \* Your account must be current (with a \$0 balance) prior to the submittal of this authorization. Authorizations  
submitted for accounts with the current period's assessment or any previous balances still due will not be  
accepted.
- \* You MUST attach a VOIDED CHECK to this Authorization for the account you want debited.