

Please Attach A Voided Check And Return To

Clagett Management / 7540 North Market Street / Frederick, MD 21701

YOUR COMMUNITY NAME: _____

AUTHORIZATION AGREEMENT FOR DIRECT DEBITS

(Automated Clearing House – ACH DEBITS)

I hereby authorize the Community identified above, hereinafter called the COMPANY, to initiate debit entries to my account at my financial institution named below, hereinafter called the DEPOSITORY, for the purpose, amount and frequency as indicated below:

This application is:

_____ New _____ Change of bank account information Effective date _____

NAME (as on bank account): _____

BANK: NAME: _____

ADDRESS: CITY: _____ STATE: _____

ROUTING NUMBER (9 digits): _____

ACCOUNT TYPE (circle one): CHECKING SAVINGS

BANK ACCOUNT NUMBER: _____

AMOUNT: \$ _____ How are your HOA dues assets? Monthly, Quarterly, or Semi Annual
(please circle one)

PURPOSE OF DEBIT: HOA dues DATE: 3rd of each month
(on or about this date)

Property Address: _____

Account No.: _____

Daytime Phone Number: _____

- *I have contacted my DEPOSITORY and verified that I have provided the correct Routing Number and Account Number and will update the COMPANY promptly should that information change in the future.*
- *I am aware that Funds need to be available in my account and any charges to my account by my DEPOSITORY will not be the responsibility of the COMPANY.*
- *I agree that correcting entries may be processed in the event of an error.*
- *I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.*
- ***This authorization is to remain in full force and effect until the COMPANY has received written authorization from me of termination of this agreement in such time and manner to afford COMPANY and my DEPOSITORY a reasonable opportunity to act.***

DATE: _____ SIGNATURE: _____

PLEASE ATTACH A VOIDED CHECK