

Direct Debit Payment Authorization Agreement

Direct Debit Payment Services conditions and terms:

- This enrollment form must be received at CMC by the tenth (10th) day of the month preceeding the month you wish to start direct debit. You will be notified if the direct debit process for your account was not satisfactory.
- CMC will request the transfer of direct debit funds once a month or quarterly if your association assessment is paid quarterly.
- Community Association Bank/First National Bank of Arizona (or other depository determined by CMC) will be authorized to debit funds from my checking account for deposit into the Association's account on the third (3rd) working day of the month.
- The amount debited from my account will equal the current regular monthly or quarterly assessment and may include parking if applicable. Special assessments will require a separate direct debit agreement. I recognize there may be other charges but direct debit will not include additional fees, handling charges, etc.
- I am completely responsible for notifying CMC in writing, by the tenth (10th) of the preceding month, of any changes to my account (i.e. change of bank, accounts #'s, resale). Failure to notify CMC by the tenth (10th) of the preceding month may result in funds being withdrawn in the following month. Any charges caused by this debiting and failure to notify CMC will be the sole responsibility of the homeowner.
- If I have two (2) insufficient funds (NSF) returns I will be ineligible to continue in the direct debit payment program.
- A homeowner with a direct debit that is not honored by your bank will be responsible for making up that payment (including NSF charges) by check.
- A bank charge incurred as a result of a returned direct debit will be added to your account.
- Homeowners cannot change banks or accounts more than twice a year and continue with direct debit.
- Your association assessment account must currently have a zero balance.

I (We) authorize Community Management Corporation to initiate debit entries to my (our) checking account as indicated below and the financial institution listed below to debit same account.

Financial Institution: _____ Checking Account No. _____

City: _____ State: _____

This authorization is to remain in full force and effect until CMC receives written notification from me (us) of its termination.

Name: _____ Name: _____

Signed: _____ Signed: _____

Date: _____ Date: _____

Home Phone: _____ Other Contact Number: _____

Association Name: _____ Association Owner Account _____

Please return this completed form with a voided check by mail or fax: Community Management Corporation, 4840 Westfields Blvd., Suite 300, PO Box 10821, Chantilly, Virginia 20153-0821 FAX: 703.631.9786