

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY

I (we) hereby authorize _____, hereinafter called "Company," 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.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number (9 digits): _____ Account Number: _____

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

My association is: _____ Account # _____

Name(s): _____
(Please print) (Please print)

Signature(s): _____

Phone Number: _____ Date: _____

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PLEASE RETURN FORM AND VOIDED CHECK TO:
ProCom
400 Serendipity Drive
Millersville, MD 21108

**** Authorization must be received by the 30th day of the current month for direct debit to begin the following month****

Management Company Use Only: _____

Homeowner Account Number: _____

Date entered: _____