

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 as indicated below:

This application is:

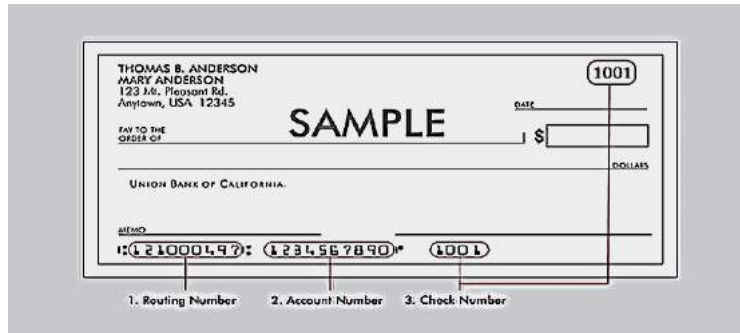
_____ New (or) _____ Change of bank account information Effective date _____

NAME (as on bank account): _____

BANK NAME: _____ **CITY:** _____ **STATE:** _____

ROUTING NUMBER (9 digits): _____ **BANK ACCOUNT NUMBER:** _____

ACCOUNT TYPE (circle one): CHECKING/ SAVINGS BANK



PURPOSE OF DEBIT: HOA Assessments Account No.: _____

Property Address: _____ Daytime Phone Number: _____

- **PLEASE RETAIN A COPY FOR YOUR RECORDS.**
- The authorization form must be received by the 15th of the current month for processing to start the following month.
- Preauthorized charges to your account will be processed, **when due**, on the 3rd working day of the month, for the amount of the regular assessment payment.
- The amount debited from your account will equal the current regular assessment due, (your HOA assessment may be subjected to an annually change.)
- If your ACH is not honored for any reason a bank charge will be added to your account and you will be responsible for making up that payment (including bank charges and applicable late fees and or interest) by check.
- If two (2) insufficient funds (NSF) have occurred on your account, you will not be eligible to continue in the ACH payment program.
- You are responsible for notifying Clagett Management with bank changes (i.e. change of bank, account numbers, resale) by the 15th day of the current month to ensure changes have been made for the following month.

This authorization is to remain in full force and effect until the COMPANY has received written authorization of termination of this agreement in such time and manner to afford COMPANY and my DEPOSITORY a reasonable opportunity to act. We reserve the right to make changes in the agreement at any time. We may cancel the Automated Clearing House Payments at any time without cause.

DATE: _____

SIGNATURE: _____

PLEASE ATTACH A VOIDED CHECK