

Your Association Account No. _____ – _____
Assn. Unit#

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)

I authorize the management company, **ceosd.net**, to automatically pay my homeowner assessments by debiting funds from my bank account. I acknowledge that the origination of these transactions must comply with provisions of U.S. Law.

Monthly withdrawal will be equal to your monthly homeowner dues. The transfer of funds will occur between the 10th and the 15th of each month. If there are Special Assessments or other charges, you will have to make other arrangements to pay these other charges.

I understand that this authorization replaces any previous authorization and will remain in full force until **ceosd.net** has received written notification from me of its termination in such time and in such manner as to afford **ceosd.net** and Depository a reasonable opportunity to act on it.

*Please tape a voided check here (not a deposit ticket)
or attach an account verification letter to this form
or provide the following information:*

Bank Name _____

Branch _____

Routing Number (9 digits) _____

(Please use the routing information from a check and NOT a deposit ticket.)

Account Number _____

Please indicate if this is a **Checking** Account – or – a **Savings** Account .

Signature _____ Date _____

Please complete, then sign and date this form and mail or e-mail the form to the Association. Addresses may be found at: www.directory.ceosd.net.

