

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

For your convenience, Community Management Professionals, your Association's management company, offers an automatic debit payment option to pay your monthly Homeowners Association assessments. Simply complete this form, attach a VOIDED check and mail it to Community Management Professionals located at:

Community Management Professionals  
12598 Central Avenue | Suite 114  
Chino, CA 91710-3500

**Please return this form and avoided check by the 1st of the month to be debited for that month. Assessments are automatically debited on or about the 5th of each month.**

Association: \_\_\_\_\_

Name: \_\_\_\_\_

I (We) hereby authorize \_\_\_\_\_ Hereinafter called Association, to initiate debit entries to my (our) \_\_\_Checking Account / \_\_\_ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (We) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. Law.

Name as it appears on the bank account: \_\_\_\_\_

Monthly Debit Limit: \$ \_\_\_\_\_

Initial here if you agree to have any current outstanding balance processed for payment on your first ACH withdrawal. **\*Please note, account cannot be enrolled in the ACH program with an outstanding**

**balance.**

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*\*ACH/Routing Number \_\_\_\_\_ Account Number: \_\_\_\_\_

(\*\* Please verify with your bank for proper #s)

This authorization is to remain in full-force until ASSOCIATION/COMPANY has received written notification from me (either of us) of its termination in such time and in such manner as to afford ASSOCIATION/COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_

Property Street Address: \_\_\_\_\_ Homeowner Account #: \_\_\_\_\_

Email Address: \_\_\_\_\_

(Confirmation for enrollment will be emailed to you)

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Signature: \_\_\_\_\_

**NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

**\*Please provide a photocopy of a check or voided check with your account number.**

\*\* You must verify with your financial institution for the correct ABA routing/transit number that should be used for ACH Debits

**COMMUNITY MANAGEMENT PROFESSIONALS**

12598 Central Avenue | Suite 114 • Chino, CA 91710-3500 • (909) 545-6940 • (909) 575-6693 Fax