

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 Professional Community Management (ProCom), hereafter 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, hereafter called the "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 the 10th of each month in which assessment payments are due. I (we) acknowledge that the origination of the ACH transaction to my (our) account must comply with the provisions of the United States law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Numbers (digits) _____ Account Number _____

The 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 the Depository a reasonable opportunity to act on it.

My association is _____ Account # _____

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

Address _____

Signatures _____

Date _____

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PLEASE RETURN FORM AND VOIDED CHECK TO:
PROCOM
PROFESSIONAL COMMUNITY MANAGEMENT, INC.
1111 BENFIELD BLVD, SUITE 110
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: Date entered _____