

COMMUNITY MANAGEMENT

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

CONTACT INFORMATION

LAST NAME: _____

FIRST NAME: _____

M.I. _____

TENANT ACCOUNT #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ONLY FOR OFFICIAL USE OF:

COMMUNITY MANAGEMENT

27975

ACCOUNT: _____

START DATE: _____

PAYMENT INFORMATION

SELECT ONE: _____ CHECKING ACCOUNT

ATTACH A VOIDED CHECK TO BACK

_____ SAVINGS ACCOUNT

ATTACH A VOIDED DEPOSIT SLIP TO BACK, IF AVAILABLE

BANK NAME: _____

NAME ON ACCOUNT: _____

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

DAY OF THE MONTH TO DEBIT BANK ACCOUNT: _____

YOUR CHARGES MAY VARY FROM BILLING PERIOD TO BILLING PERIOD. IN THE EVENT THAT A DEBIT TO YOUR ACCOUNT WILL DIFFER FROM THE IMMEDIATELY PRECEDING DEBIT, YOU WILL HAVE TEN CALENDAR DAYS WRITTEN NOTICE (YOUR INVOICE) BEFORE THE DEBIT IS INITIATED. IF COMMUNITY MANAGEMENT INVOICES YOU QUARTERLY, YOUR ACCOUNT WILL ONLY BE CHARGED IN THE MONTH THAT YOUR INVOICE REFLECTS A BALANCE DUE.

AUTHORIZATION

I (we) hereby authorize COMMUNITY MANAGEMENT hereinafter called COMPANY, to initiate debit entries for payments to my (our) bank account indicated above at the depository financial institution name above, hereinafter called DEPOSITORY, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

The authorization is to remain in effect until COMPANY has received written notification of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

SIGNATURE: _____ DATE: ____/____/____

RETURN FORM TO COMMUNITY MANAGEMENT. PLEASE CONTINUE TO MAKE YOUR SCHEDULED PAYMENTS AS USUAL. YOU WILL RECEIVE A LETTER IN THE MAIL NOTIFYING YOU WHEN AUTOMATIC PAYMENTS WILL BEGIN.