

U.S. BANK
HOMEOWNER AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

REGULAR ASSESSMENT ONLY **SPECIAL ASSESSMENT ONLY** **REGULAR + SPECIAL ASSESSMENT (BOTH)**
(check one as applicable for your association fees)[®]

Association Name[®]: _____ **Tax ID Number:** (On File with CMI)

I (We) hereby authorize the association listed above, Herein after 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 transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name[®]: _____ **Branch:** _____ **Monthly or Quarterly Debit Amount[®]:** \$ _____
(Name of Bank)

City: _____ **State:** _____ **Zip:** _____

****ACH/Routing Number[®]:** _____ **Bank Account Number[®]:** _____
(**Please verify with your bank for proper 9-digit #)

This 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 DEPOSITORY a reasonable opportunity to act on it. *A charge of \$25.00 will be assessed if funds are not available when an account sweep is ordered. Owner is responsible for termination of ACH service. In the event the ACH service is not terminated as outlined herein and the continued service results in an overpayment on the account, a charge of \$15.00 will be assessed for issuing a refund check.*

Name(s)[®]: _____ **E-mail address:** _____ **CMI Account Number[®]:** _____
(if unknown lot # or unit #)

Phone Number[®]: _____ **Date[®]:** _____ **Signature[®]:** _____

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

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

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

RETURN THIS FORM TO: COMMUNITY MANAGEMENT, INC., 2105 SE 9TH AVENUE, PORTLAND OR 97214. FAX: (503) 233-8884

Completed forms received by the 15th of the month will be set up beginning the following month.

Debits will be taken from your account on the 8th or the following business day each month.

If you have any questions about filling out this form, please contact someone in the accounting department at (503) 233-0300.

[®] = REQUIRED FIELD

You may also email your completed form to cmi-ach@communitymgt.com