

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

(ACH DEBITS)

I (we) hereby authorize Summit Management Services, Inc. hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/Savings Account (circle one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the purpose of collecting assessments for my community association. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name _____ Branch _____

City _____ State _____ Zip Code _____

Routing Number _____ (9 Digits) Account Number _____

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. NOTE: If this authorization is cancelled and late penalties and or administrative fees were waived, the late penalties and administrative fees will be reapplied to the account.

Name(s) _____ Individual ID Number _____

Signature _____ Date _____

Name of Association _____

Property Address _____

Telephone Number _____ Email _____

****Payments will be processed on or after the 5th of the month****

Note: Please attach a **VOIDED CHECK** for the account that will be debited.

You will receive a confirmation letter with a start date of the direct debit.

PLEASE MAIL, FAX OR EMAIL THIS FORM TO:

Summit Management Services, Inc. AAMC

3833 Farragut Ave.

Kensington, MD 20895

F: 301-942-3442 Email: accounting@summitmanage.com