

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Associa Community Group, hereinafter Called "Company", to initiate debit entries to my (our): Checking or Savings account 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 Ghent Square Community Association. I (we) understand that this debit will occur on or about the 1st thru the 10th of each quarter in which assessments payments are due (Jan, April, July, October).

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Bank Routing Number (9 Digits): _____

Bank 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.

My Association: Ghent Square Community Association

PROPERTY ADDRESS: _____

Association Phone # 757-627-5757 Date to begin the ACH Debit: _____

By signing below, I acknowledge that I understand the ACH Debit Form must be received by the Association Management Office on or before the 15th of the month preceding my requested start date. If it is not received by that date, I understand I must make other payment arrangements for that period's scheduled assessment and I understand that the ACH Debit will commence with the next scheduled assessment.

Name(s): _____

Signature(s): _____

MAIL THIS FORM ALONG WITH A VOIDED CHECK TO:

GSCA
PO Box 27898
Newark, NJ 07101-7898

Point of contact: Lori Rattan at (757) 627-5757 or lrattan@communitygroup.com