

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Please send your completed form to PO Box 400518, Las Vegas, NV 89140 or fax to 702.531.3392.

You can also e-mail it to accounting@camconeveda.com

Association name: Northern Terrace Homeowners Association

I (We) hereby authorize Complete Association Management Co., hereinafter called ASSOCIATION, to initiate debit entries to my (our) Checking/Savings account (circle one) indicated below at the depository financial institution named below, hereinafter called BANK, 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. **PAYMENTS WILL BE TAKEN between the 1st and the 5th of your billing cycle.**

Bank name: _____ Monthly/Quarterly/Semi/Annual Amount \$ _____
(if not specified will be current dues)

City: _____ State: _____ Zip: _____

ACH Routing No.: _____ Bank Account No.: _____
(9-digit number; please verify with your bank)

This authorization is to remain in full force and effect until ASSOCIATION has received written notification from me (or either of us), EVEN IF WE SELL OUR/MY HOME, of its termination in such time and in such a manner as to afford ASSOCIATION and BANK a reasonable opportunity to act on it.

Name(s) on account: _____ Owner Account No.: _____

Property Address: _____

Mailing Address: _____

Please Note: If you enter an address other than what we currently have for your mailing address we will update our records to the address listed here.

Contact Phone #: _____ E-mail address: _____

Date: _____ Signature: _____

(PLEASE ATTACH A VOIDED CHECK HERE)

***Your ACH request will not be processed without a copy of your voided check.**

You can also set up recurring payments online by visiting our website at www.camconeveda.com and clicking on pay assessments.