

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

This form, which is required by the Electronic Fund Transfer Act (15 USC 1693), authorizes your condominium association to collect your monthly dues from your checking or savings account.		
ASSOCIATION NAME Thomas Choice Gardens Condominium		ASSOCIATION TIN NUMBER 52-1230748
I (We) hereby authorize THOMAS CHOICE GARDENS CONDOMINIUM hereinafter called ASSOCIATION, to initiate debit entries to my (our) checking account or savings account indicated below at the depository (financial institution) named below, hereinafter called DEPOSITORY, to debit the same to such account.		
DEPOSITORY NAME (Your Bank)		DEPOSITORY BRANCH (Your Bank Branch)
CITY (Of Your Bank)	STATE (Of Your Bank)	ZIP CODE (Of Your Bank)
ROUTING NUMBER (Ask Your Bank)		Account Number (Of Your Account) Checking [] Savings []
This authorization is to remain in full force and effect until ASSOCIATION has received written notification from me (or either of us) of its termination in such time and in such manner (in writing) as to afford ASSOCIATION and DEPOSITORY a reasonable opportunity to act on it.		
NAME(S) Please Print		SSN(S)
DATE	SIGNED	SIGNED
Your PROPERTY address:		Your Daytime Telephone Number: Home: Work: Cell:
NOTE: This written authorization to affect a debit on a recurring basis may only be cancelled IN WRITING by any one of the persons who have signed above.		

Please return to: Accounts Receivable
 Clarity Management
 P.O. Box 86209
 Montgomery Village, MD 20886

Fax to: 301-760-3816

E-Mail to: Receivables@ManagedwithClarity.com

THIS FORM MUST BE RECEIVED BY THE LAST DAY OF THE PREVIOUS MONTH IN ORDER TO BE EFFECTIVE FOR THE NEXT MONTH'S FEE. HOWEVER, PLEASE CONTINUE MAKING PAYMENTS ON YOUR ACCOUNT UNTIL YOU RECEIVE CONFIRMATION THAT YOUR DIRECT DEBIT HAS STARTED.