

# **CME Management Group**

## **ACH DIRECT DEBIT SET UP**

**Deducted from Account the 5<sup>th</sup> of the Month.**

Save time and postage for all payments. Complete this **Direct Debit Authorization Form**, sign it, include a VOIDED check from the account you wish the Bank to debit. You can **mail or email** the form. For questions, please contact us at **561-826 7729**.

**Email form:** [CathyR@CMEManagementGroup.com](mailto:CathyR@CMEManagementGroup.com)

**Mail form:** **CME Management Group**  
10320 Flores Drive  
Boca Raton, Florida 33428

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**Date:** \_\_\_\_\_

**Your Bank Name:** \_\_\_\_\_

**Checking ( ) Savings ( ) Account#** \_\_\_\_\_

**Routing#** \_\_\_\_\_

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**Association Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

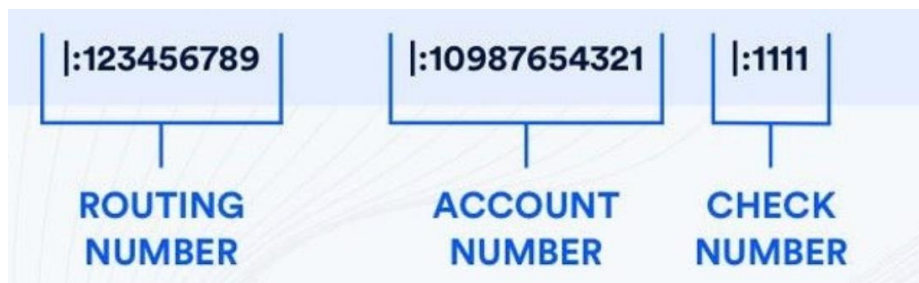
**Cell/Telephone Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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**Attach Voided Check Below:** (Date to begin March) **Debit 5<sup>th</sup> of Month.**

*Voided check must have your name imprinted. NO STARTER CHECKS*



*Guide to Complete Form above.*