11599962-544-8-8*

AUTHORIZATION FOR DIRECT DEBIT

Please complete and sign this form and mail or fax it **with a voided check** to:

CVI
6300 Woodside Court, Suite 10
Columbia, MD 21046-3212
301-596-2082

Circle One: New Enrollment Change of Account

ASSOCIATION NAME: _____

NAME: _____

PHONE: _____

EMAIL: _____

PROPERTY ADDRESS: _____

_____

MAILING ADDRESS: _____

(if different from property address) _____

Requested direct debit starting month: _____
(account will be debited on the 5th of each month)

Note: Information must be received by the 20th of the month to be effective for direct debit the following month. Also, your account must be at a zero balance to go on direct debit.

Bank Information - a voided check MUST BE INCLUDED with this form.

BANK NAME: _____

ACCOUNT HOLDER NAME: _____

I hereby authorize the Association through CVI, its Managing Agent, to debit the above-referenced account for the amount of the current assessment owed to the Association for services provided. Payments so collected will be deposited to the checking or savings account of the Association. I understand that my above-referenced account will be debited on the 5th of each month. The Association may direct CVI to make changes to the assessment amounts and/or due dates in accordance with the Association's governing documents and applicable statutes. You will be given notification of these changes in accordance with applicable law. This authorization may be cancelled at any time without cause by notification to the Association in writing at least ten (10) business days prior to the scheduled date of transfer. This authorization is to remain in force until the Association has received written notification of termination in such time and in such manner as to afford the Association and/or the Bank(s) a reasonable opportunity to act on it. I understand that all payments are applied to the earliest debt. I understand that additional fees will be added should there not be sufficient funds in my bank account to cover the amount debited.

Date: _____ Signature: _____

Account Holder Name: _____
(PLEASE PRINT)

Once your signed authorization form and voided check have been received, your eligibility to participate has been verified, and your request processed, you will receive written confirmation of your direct debit start date. Please continue to make your payments until you confirm payments are being deducted from your account.

101.web.dd.monthly

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