



DIRECT DEBIT AUTHORIZATION FORM

ASSOCIATION NAME: _____

Please read this form and the disclaimer on the back carefully and complete it with accurate information.

Property Owner Information:

- Owner Name: _____
- Property Address: _____
- Mailing Address (if different than property address): _____
- Contact Phone Number: _____
- Email Address: _____
- Bank Account Details:
 - Account Number: _____
 - Routing Number: _____

Authorization Details:

I, the undersigned, as the owner of the above-mentioned property, hereby authorize CPMS, or its representative, as the managing agent for the Association, to initiate a withdrawal from my checking account to pay my assessments according to the association's governing documents and policies.

Withdrawal Details:

- The withdrawal/transaction will take place prior to the 10th of each month.
- The amount withdrawn will be the current assessment rate plus any outstanding amount on my account, which may include a past-due balance or maintenance chargeback.

Returned Payment Policy:

If my payment is returned for any reason by my financial institution, I acknowledge that I will be charged all fees associated with the transaction. In such cases, I am obligated to make payment by certified check or Money Order immediately. In addition, CPMS may cancel my direct debit authorization. If my direct debit is canceled, all future payments will need to be made by check or money order.

Cancellation Policy:

- Owner cancellation requests must be received in writing no less than 15 days prior to the 1st of the month.

Continuation and Change Requests:

- Your direct debit authorization will continue until we receive written notice to cancel the enrollment or until we are notified that the property has been sold.
- All change requests must be received in writing no less than 15 days prior to the 1st of the month.

Signature and Date:

I acknowledge and accept the terms outlined in this authorization form.

Signature: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK WHEN ENROLLING IN DIRECT DEBIT



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Disclaimer:

By signing this Direct Debit Authorization Form, I, the undersigned property owner, acknowledge and agree to the following:

- I have read and understood the terms and conditions outlined in this form.
- I authorize CPMS (or its representative) to initiate withdrawals from my checking account as specified in this form.
- I am responsible for ensuring that sufficient funds are available in my checking account to cover the authorized withdrawals.
- The amount withdrawn will include the current assessments and any outstanding balance on the account, which may include a past due balance or maintenance chargeback.
- In the event of a returned payment for any reason by my financial institution, I understand that I will be responsible for all associated fees and that I must make payment promptly by certified check or Money Order. In addition, I am aware that CPMS may cancel my direct debit authorization, and in such cases, all future payments will need to be made by check or money order.
- I understand that this authorization will continue until I provide written notice to cancel the enrollment or until I am notified that the property has been sold.
- Any change requests to this authorization must be submitted in writing at least 15 days before the 1st of the month.
- Any ACH enrollments received after the 1st of a month will not be initiated until the next assessment cycle (Monthly, Quarterly, Semi-Annually, Annually).
- I release CPMS, its agents, and financial institutions from any liability or claims that may arise from the execution of this authorization, except for any liability arising from their willful misconduct or gross negligence.

Signature: _____ Date: _____