



Associa®

REQUEST FOR AUTOMATIC PAYMENT OF ASSESSMENTS

Thank you for your interest in Electronic Funds Transfer. Please fill out the following information to complete this request.

HOMEOWNER AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

I authorize the branch and the financial institution listed below to debit my bank account automatically for each association assessment billing period. ***Note: Information below is required. If not provided, there will be delays in processing your direct debit request.**

***MANAGEMENT COMPANY NAME:** Community Management Solutions

HOMEOWNER NAME: _____

HOMEOWNER ACCOUNT NUMBER: _____

***ASSOCIATION NAME:** _____

ADDRESS AND UNIT #: _____

CITY: _____ STATE: _____ ZIP: _____

HOMEOWNER BANK NAME: _____

HOMEOWNER BANK ACCOUNT NUMBER: _____

CHECKING ACCOUNT - Include a voided check from the account you would like to debit

SAVINGS ACCOUNT - Include a bank statement from the account you would like to debit

BANK ROUTING NUMBER: _____

ELECTRONIC SIGNATURE: _____

In order for funds to be pulled in time for next month's assessment, this form must be received no later than the 20th of the prior month. The automatic payment process will begin with your next assessment period once we have received your completed form and either your voided check or bank statement depending on type of bank account.

Return by email: Scan and send this form and a voided check to: customerservice@mycommunitymanagement.com

OR

Return by mail:

Complete and send this form and a voided check to the following address:

Associa, CMS
5378-D Cox Smith Road
Mason, Ohio 45040

Delivering unsurpassed management and lifestyle services to communities worldwide.