

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Company Name \_\_\_\_\_ Company ID Number \_\_\_\_\_

I (we) hereby authorize \_\_\_\_\_, hereinafter called COMPANY, to initiate debit entries to my (our)  Checking Account /  Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

**Depository**

Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_ ID Number \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Email Address: \_\_\_\_\_

Unit #: \_\_\_\_\_ Amount of monthly fee: \_\_\_\_\_

Phone # (s): \_\_\_\_\_

Start Month: \_\_\_\_\_

Special Assessments / Additional Charges      Circle One: YES/NO

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\* A Voided Check Must Be Attached \*\*\***

**We offer this service to the homeowners for automatic bank draft for the monthly regime fee and any special assessment fees as noted.**

**Please contact Christine Ciocco should you have any questions:  
christine@charlestonpms.com**

**Mail to: Property Management Services (attn: Christine Ciocco),  
1340-G Ben Sawyer Blvd., Mt. Pleasant, SC 29464.**