

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS**

**(ACH DEBITS)**

I (we) hereby authorize Summit Management Services, Inc. hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (circle one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the purpose of collecting assessments for my community association. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

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

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

Routing \_\_\_\_\_ Account \_\_\_\_\_  
Number \_\_\_\_\_ (9 Digits) 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) \_\_\_\_\_ Individual ID Number \_\_\_\_\_ (Please Print)  
(To Be Completed by Company)

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

Property Address: \_\_\_\_\_

*\*\*Payments will be processed on or after the 5th of the month\*\**

**Note: Please attach a VOIDED CHECK for the account that will be debited.**

**You will receive a confirmation letter with a start date of the direct debit.**

**PLEASE MAIL, FAX OR EMAIL THIS FORM TO:  
Summit Management Services, Inc. AAMC  
3833 Farragut Ave  
Kensington, MD 20895  
F: 301-942-3442  
Email: [accounting@summitmanage.com](mailto:accounting@summitmanage.com)**