

ASSOCIATION: _____ HOMEOWNER ACCOUNT # _____
(To be completed by Company)

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

I (we) hereby authorize **MTM Management**, hereinafter called "Company," to initiate debit entries to my (our) **Checking Account OR** **Savings Account (select 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) understand that this debit will occur on or about the **15th** of each month in which assessment payments are due. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Depository Name: _____ Bank Branch: _____

City: _____ State: _____ Zip: _____

Routing Number (9 digits): _____ 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. If you sell your property, please contact MTM to cancel this ACH.

Signature(s): _____ Email address: _____

Daytime phone: _____ Cell phone: _____

Start Month and Date _____

NOTE: ATTACH A VOIDED CHECK FOR THE ACCOUNT THAT WILL BE DEBITED.

ATTACH CHECK HERE _____
RETURN FORM TO: MTM MANAGEMENT ASSOCIATES
26223 RIDGE ROAD
DAMASCUS, MD 20872-0506

FOR OFFICE USE ONLY:

START DATE: _____
AMOUNT: _____
REQUESTED STOP DATE: _____