AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)

I (we) hereby authorize **Condominium Concepts Management, Inc.**, 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 4th 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.

Bank Name: _____ 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.

My Association is _____.

Name(s): _____ _____
(Please print) (Please print)

Signature(s): _____ _____

Date: _____ Phone Number: _____

Homeowner Account Number _____

Note: Please attach a voided check for the account that will be debited. If you do not receive a written confirmation of this ACH debit authorization within two weeks of your mailing date, please call Cindy Cardin at 404-917-0600 x 249. Or, if you prefer, you may send an email to ccardin@condominiumconcepts.com.

Please return the completed form and voided check to:
Condominium Concepts Management, Inc.
Attn: Cindy Cardin
1200 Lake Hearn Drive, NE
Suite 150
Atlanta, Georgia 30319