



Direct Debit Payments (ACH) Authorization Agreement

I (we) hereby authorize _____ (Print Property Name), hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY to debit and/or credit 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 (Bank Information):

Bank: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing No/Transit/ABA No.: _____

Account No.: _____

This authority is to remain in full force and effect until CCMC has received a written notification from me of its termination in such time and in such manner as to afford CCMC and DEPOSITORY a reasonable opportunity to act on it.

Owners Name: _____

Name: _____ Signature: _____

Property Address: _____ Unit No.: _____

City: _____ State: _____ Zip: _____

Date: _____ Phone No.: _____

Email: _____

Mail this form and a copy of a VOID check to: CCMC, 8456-A Tyco Rd., Tysons Corner, VA 22182
Or email this form and a copy of a VOID check to Jatinder, Jatinder@CCMC.ws

- Payment is deducted from your account the 1st week of the month and effective within 1-2 weeks.
- A \$25.00 return fee will be charged for insufficient account funds.
- There are no additional charges for this Direct Debit Payment (ACH) payment method.