

DIRECT DEBIT PAYMENT AUTHORIZATION AGREEMENT (ACH)

THIS MUST BE RETURNED DIRECTLY TO SFMC AT MANASSAS CORPORATE OFFICES

Direct Debit Payment Services Conditions and terms:

- This enrollment form must be received by SFMC by end of the month preceding the month that you wish to begin direct debit.
- SFMC will request the transfer of direct debit funds **on the first business day** once a month or quarterly depending on how your assessments are collected.
- Community Association Banc/Mutual of Omaha (or other depository determined by SFMC) will be authorized to debit funds from my checking account for deposit into the Association's account by the fifth (5th) working day of the month.
- The amount debited from my account will equal the current regular monthly assessment and may include parking or special assessments (if applicable). I recognize there may be other charges but direct debit will not include additional fees, handling charges, etc.
- **I am completely responsible for notifying SFMC in writing by the end of the month preceding the month of any changes to my account (i.e., change of bank, account #'s, resale, etc) . Any charges caused by this debiting and failure to notify SFMC will be the sole responsibility of the homeowner. Do not resubmit this form!!!**
- **If I have two (2) non-sufficient fund (NSF) returns, my account will be immediately removed from the direct debit payment program.**
- A homeowner with a direct debit that is not honored by your bank will be responsible for making up that payment (including all charges incurred by the association) by money order or certified check.
- A bank charge incurred as a result of a returned direct debit will be added to your account.
- Homeowners cannot change banks or accounts more than twice a year and continue with direct debit.
- Your association assessment account must have a zero balance in order to enroll in the direct debit program.
- **The application form for the direct debit program must be accompanied with a VOIDED CHECK. All applications that are received without a voided check will be returned.**

I (We) authorize Service First Management & Consulting, Inc. to initiate debit entries to my (our) checking account as indicated below and the financial institution listed below to debit same account.

Financial Institution Name: _____

Routing # _____ Checking Account #: _____

This authorization is to remain in full force and effect until SFMC receives written notification from me (us) of its termination.

Name: _____ Name: _____

Signature: _____ Signature: _____

Home Phone: _____ Work Phone(s): _____

Date: _____ Email Address: _____

Association Name: _____

Association Owner Account # or Property Address: _____

**Please return this completed form with a VOIDED CHECK to:
SFMC, 12084 Cadet Court, Manassas, VA 20109.**

*****DO NOT MAIL TO PHOENIX, ARIZONA P.O. BOX ADDRESS!!!!**

