

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

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| This form which is required by the Electronic Fund Transfer Act (15 USC 1693), authorizes your condominium or homeowners association to collect your monthly dues from your checking or savings account. | | |
| ASSOCIATION NAME | ASSOCIATION TIN NUMBER N/A | |
| I (We) hereby authorize Comsource hereinafter called ASSOCIATION, to initiate debit entries to my (our) checking account or savings account indicated below at the depository (financial institution) named below, hereinafter called DEPOSITORY, to debit the same to such account. | | |
| DEPOSITORY NAME (Your Bank) | | DEPOSITORY BRANCH (Your Bank Branch) |
| CITY (Of Your Bank) | STATE (Of Your Bank) | ZIP CODE (Of Your Bank) |
| ROUTING NUMBER (Ask Your Bank) | | ACCOUNT NUMBER (Of Your Account) Checking [] Savings [] |
| 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 [in writing] as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. | | |
| NAME(S) Please Print | | |
| DATE | SIGNED | SIGNED |
| Your PROPERTY address: | | Your Daytime Telephone Number: Home [] Work [] |
| NOTE: This written authorization to affect a debit on a recurring basis may only be canceled in <u>writing</u> by any one of the persons who have signed above. | | |

Please return to: Attn: Amber Finnigan
Comsource Management Inc
3414 Morningwood Drive
Olney, MD 20832
Or fax to: 301-924-7340
Email: afinnigan@comsource.com

MUST BE RECEIVED BY THE ;m1'H OF THE CURRENT MONTH IN ORDER TO BE EFFECTIVE FOR THE NEXT MONTHS FEE. HOWEVER, PLEASE CONTINUE MAKING PAYMENTS ON YOUR ACCOUNT UNTIL YOU RECEIVE CONFIRMATION THAT YOUR DIRECT DEBIT HAS STARTED.