

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

(ACH DEBITS)

ASSOCIATION NAME: _____

PROPERTY ADDRESS: _____

NAME: _____

MAILING ADDRESS: _____

DAYTIME PHONE NUMBER: _____

I (we) hereby authorize Nevada Community Management, hereinafter referred to as **MANAGER**, as agent for the association named above, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution, and to debit the same to such account for the purpose of collecting assessments for my association. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the United States Laws.

Depository
Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Account
Number: _____ (9 Digits) Number: _____

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

Name(s): _____ Individual ID Number: _____
(Please Print) (To Be Completed by Company)

Signature: _____ Date: ____/____/____

NOTE: Please attach a VOIDED CHECK for the account that will be debited and return to:

**NEVADA COMMUNITY MANAGEMENT
9500 W. FLAMINGO ROAD, SUITE 204
LAS VEGAS, NV. 89147
PHONE: 702-222-2391 FAX: 702-228-1783**