



## Authorization Agreement for Direct Debit Payment of Monthly Maintenance Fees (ACH Debits)

Clearbrook Address: \_\_\_\_\_ Section: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please read and **initial** the following:

\_\_\_\_\_ I (we) hereby authorize *Clearbrook Community Association*, hereinafter called COMPANY, to initiate debit entries to my (our) account on the **7<sup>th</sup> of every month, starting with the month of** \_\_\_\_\_  
(print month)

\_\_\_\_\_ I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

\_\_\_\_\_ I (we) understand that any outstanding balance owed prior to initiating ACH transactions must be paid using alternative methods (i.e.: paper check, online) and are subject to additional fees if unpaid.

**Please attach a voided check in this space.**

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.

All written debit authorizations must provide that the receiver may revoke the authorization by notifying the originator in the manner specified in the authorization by **written notice ONLY**.

**Please return this completed form via email to:**

**[DirectDebit@taylormgt.com](mailto:DirectDebit@taylormgt.com)**

**or return it to the Clearbrook administration office.**