

## ACH Debit Authorization Form

I (we) hereby authorize Majerle Management, hereinafter called "COMPANY", to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for association dues. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Association payments are debited on the 10<sup>th</sup> business day of each month. (Note: if the 10<sup>th</sup> day of the month falls on a weekend or holiday, the debit will be processed the next business day.) All fields below must be completed to ensure proper application of payment.

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\*Financial Institution Name

\*Type of Acct: Checking Savings

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\*Financial Institution Routing Number

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\*Account Number

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

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\*Association Name

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\*Homeowner Account Number

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\*Property Address

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\*Print Individual Name

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\*Signature

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\*Date

RETURN BY SECURE UPLOAD AT <http://bit.ly/mmisecure> or via mail to the address below:  
MAJERLE MANAGEMENT 1375 PICCARD DRIVE – SUITE 210 ROCKVILLE MD 20850-4381