

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Summit Management Services, Inc. hereinafter called Company, to initiate debit entries to my (our)  Checking Account /  Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the purpose of collecting assessments for my community association. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ (9 Digits) Account Number \_\_\_\_\_

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.

Name(s) \_\_\_\_\_ Individual ID Number \_\_\_\_\_  
(Please Print) (To Be Completed by Company)

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name of Association:**            **Little Rocky Run HOA**

**Property Address:** \_\_\_\_\_  
\_\_\_\_\_

**You will receive a confirmation letter with a start date for the direct debit and should continue to pay assessments until that confirmation letter is received.**

***Note: Please attach a VOIDED CHECK for the account that will be debited.***

**PLEASE MAIL THIS FORM TO:  
Summit Management Services  
8405-A Richmond Highway  
Alexandria, VA 22309**