

CMSI Management Inc.



## **ACH PreAuthorized Payments Agreements (Debits)**

This is my authorization to CMSI Management, agent for \_\_\_\_\_ (Association) to automatically debit my account number \_\_\_\_\_  checking  savings for the amount of my current assessment payment.

The bank's name is \_\_\_\_\_ and

the bank's transit/ABA number is \_\_\_\_\_.

The bank's location is \_\_\_\_\_, \_\_\_\_\_.  
(City) (State)

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 days following the date on which I was sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

**This authorization is non-negotiable and non-transferable.**

\_\_\_\_\_  
Owner Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Association Unit / House Address

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Association



***Attach here a voided check from the above account.***