

AUTHORIZATION FOR DIRECT DEBIT

Please complete and sign this form and mail or fax it **with a voided check** to:

CVI
6300 Woodside Court, Suite 10
Columbia, MD 21046-3212
301-596-2082

Check One: New Enrollment Change of Account

NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

(if different from property address) _____

Requested direct debit starting month: _____
(account will be debited on the 5th of each month)

Note: Information must be received by the 20th of the month to be effective for direct debit the following month.

Bank Information - a voided check MUST BE INCLUDED with this form.

Bank Name: _____

Account Holder Name: _____

I hereby authorize the Association through CVI, its Managing Agent, to debit the above-referenced account for the amount of the current assessment owed to the Association for services provided. I understand that my above-referenced account will be debited on the 5th of each month. This authorization is to remain in force until the Association has received written notification of termination in such time and in such manner as to afford the Association and/or the Bank(s) a reasonable opportunity to act on it. I understand that all payments are applied to the earliest debt. I understand that additional fees will be added should there not be sufficient funds in my bank account to cover the amount debited.

Date: _____ Signature: _____

Account Holder Name: _____

(PLEASE PRINT)

Once your signed authorization form and voided check have been received, your eligibility to participate has been verified, and your request processed, you will receive written confirmation of your direct debit start date. Please continue to make your payments until you receive the written confirmation.