

# 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 5<sup>th</sup> of each quarter)

**Note:** Information must be received by the 20<sup>th</sup> 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 5<sup>th</sup> of each quarter (January, April, July, October). 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.