



Authorization Agreement for Direct Payments (ACH Debits)

160 Blue Ravine Road, Suite C
Folsom, CA 95630
Phone (916) 985-3633 Fax (916) 985-3744


Your Homeowner Association offers an Automatic Assessment Payment Program. The program withdraws your assessment from your account between the 6th and the 10th day of each billing cycle. Please return this completed form to The Management Trust along with a VOIDED check in order to expedite your authorization. It may take up to 30 days to process your request. Please continue to mail in your payments until you receive your confirmation stating your Automatic Payment start date.

Homeowner Information

Association Name: _____ Association Account # _____
 Name: _____
 Property Address: _____
 Mailing Address: _____
 Home Phone: (_____) _____ -- _____ Cell Phone: (_____) _____ -- _____
 Email Address: _____

Financial Institution Information

Please Debit my (please check one) - Checking Account : _____ (Attach voided check) Savings: _____
 Name (as shown on checking account): _____
 Bank Name: _____
 9-digit Routing Number: _____
 Bank Account Number: _____



The diagram shows a check with a MICR line at the bottom. Two boxes highlight the routing number '0291378871' and the account number '000123456789'. Labels 'Routing Number' and 'Account Number' point to these boxes.

Acknowledgement

Please read this disclosure carefully before signing below. I hereby authorize The Management Trust and the financial institution designated on the application to charge the account I have specified for payment of my association assessments. I understand that my account must be current to initiate this program and any current amount owed will be debited from my account prior to first scheduled payment. I understand a \$30 fee may be charged to my account should payment be declined due to Non-Sufficient Funds (NSF) or in the event funds are not available for payment. Your Automatic Payment Program may be cancelled or terminated after the first returned payment. You will be notified in the event your Automatic Payment is cancelled.

Signature: _____ Date: _____

Submission

You may return the completed form and check copy by:

Mail: The Management Trust
PO Box 1459
Folsom, CA 95763

Email: NC-Accounting@ManagementTrust.com
Fax: (916) 985-3744 Attn: ACH Department