

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY

I (we) hereby authorize COMMUNITY FOCUS of NC, Inc , hereinafter called "Company," to initiate debit entries to my (our) Checking Account or 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) understand that this debit will occur on or about the 1st of each month in which assessment payments are due.

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.

My Association is: _____

Name(s): _____
(Please print) (Please print)

Email Address: _____ Tel# _____
(Please print)

Signature(s): _____

Date: _____

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PLEASE RETURN FORM AND VOIDED CHECK TO:

Community Focus of NC, Inc
PO Box 52395
Durham, NC 27717

Management Company Use Only:

Homeowner Account Number: _____

Date entered: _____