

AUTHORIZATION AGREEMENT for DIRECT PAYMENTS (ACH BANK DRAFT)

I (we) hereby authorize COMMUNITY FOCUS of NC Inc, hereinafter called "Company" to initiate debit entries to my (our) ___CHECKING ___SAVINGS Account maned below, hereinafter called "Depository", and to debit the same to such account for the purpose of collecting all assessments for my community association. I (we) understand that this debit will occur on or about the 10th day of each month in which assessment payments are due.

BANK NAME:_____

ROUTING NUMBER (9 Digits): _____

BANK ACCT NUMBER:_____

This Authorization is to remain in full force and effect until Company has received written notification from the account holder to cancel withdrawal and in such a manner as to afford Company and Depository a reasonable opportunity to act on the notification, but no less than ten (10) days in advance of the date of scheduled withdrawal. **PLEASE WITHDRAW MY DUES STARTING ON:**

_____ (*Fill In Date*)

My Association is:

My Local Address is:

My Primary Email is:

Preferred Phone #:_____

Bank Acct Holder Name(s):_____

(Please Print First and Last Name)

SIGNATURE:_____ **DATE:**_____

Send Completed Form To:
Community Focus of NC Inc
PO Box 52395
Durham, NC 27717

OR Email to: Documents@CommunityFocusNC.com
(PLEASE VERIFY RECEIPT)

OR authorize through PandaDocs
Linked [HERE](#)