

# AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

FOR: CCMC

I (we) hereby authorize CCMC hereinafter called Company, to initiate debit entries to my (our) Bank account indicated below at the depository named below, hereinafter called Depository, to debit the same to such account.

**Depository Name:**

CCMC as Agent of the Association  
8360 E Via de Ventura, Ste 100 Bldg L  
Scottsdale, Arizona 85258-3172

The authorization is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

I wish to: (please indicate ONE) <span style="float: right;">*<b>-required field</b></span>	
<input type="checkbox"/> Establish a new Direct Debit Account	<input type="checkbox"/> Change the bank account my debits are drawn on
<input type="checkbox"/> Cancel my Direct Debit Account	
Community/Association Name* (not "CCMC"): _____	
Association Account #*: _____ <i>(account # can be found on statement)</i>	Start Direct Debit on*: _____ <i>(if unsure of start date, please contact community office or CCMC's customer service)</i>
Association Account #*: _____ <i>(account # can be found on statement)</i>	Start Direct Debit on*: _____ <i>(if unsure of start date, please contact community office or CCMC's customer service)</i>
Name(s)*: _____ <i>Please Print</i>	_____ <i>Please Print</i>
Email Address: _____	
Specify ONE*: <input type="checkbox"/> Checking <input type="checkbox"/> or Savings <input type="checkbox"/>	
Routing # (9 digits)*: _____ Account #*: _____ <i>(ATTACH VOIDED CHECK OR OTHER VERIFICATION OF ROUTING AND ACCOUNT #)</i>	
<b>FOREIGN BANK ACCOUNTS ARE NOT ELIGIBLE FOR THIS PROGRAM.</b>	
Signed*: X _____	X _____

Note: All written debit authorizations MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

\*\*\* APPLICATIONS RECEIVED AFTER THE 29<sup>TH</sup> DAY OF THE MONTH PRIOR TO THE ASSESSMENT CHARGE WILL NOT BE PROCESSED UNTIL THE NEXT BILLING PERIOD

EMAIL COMPLETED FORMS AND VOIDED CHECK TO [ACHSETUP@CCMCNET.COM](mailto:ACHSETUP@CCMCNET.COM). INCOMPLETE OR INCORRECT INFORMATION IN ANY **\*REQUIRED FIELD** MAY DELAY THE PROCESSING OF THIS REQUEST, AND MAY CAUSE THE DIRECT DEBIT TO BECOME EFFECTIVE IN THE NEXT BILLING PERIOD.

IF THERE ARE ANY QUESTIONS, PLEASE CONTACT YOUR COMMUNITY OFFICE OR CCMC'S CUSTOMER SERVICE OFFICE AT 866-244-2262