

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

|  |   |                         |
|--|---|-------------------------|
| This form which is required by the Electronic Fund Transfer Act (15 USC 1693), authorizes your condominium or homeowners association to collect your monthly dues from your checking or savings account.   |   |                         |
| ASSOCIATION NAME<br><br><b>KING FARM CITIZENS ASSEMBLY</b>   | ASSOCIATION TIN NUMBER<br><br><b>(Office Use Only)</b>  |                         |
| I (We) hereby authorize Comsource Management Inc. hereinafter called ASSOCIATION, to initiate debit entries to my (our) checking account or savings account indicated below at the depository (financial institution) named below, hereinafter called DEPOSITORY, to debit the same to such account. |   |                         |
| DEPOSITORY NAME (Your Bank)  | DEPOSITORY BRANCH (Your Bank Branch)  |                         |
| CITY (Of Your Bank)  | STATE (Of Your Bank)  | ZIP CODE (Of Your Bank) |
| ROUTING NUMBER (Ask Your Bank)   | ACCOUNT NUMBER (Of Your Account)<br><br>Checking [ <input type="checkbox"/> ]<br>Savings [ <input type="checkbox"/> ] |                         |
| 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 [in writing] as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.                        |   |                         |
| NAME(S) Please Print   | SSN(s) (optional)   |                         |
| DATE   | SIGNED  | SIGNED                  |
| Your Property Address:   | Your Daytime Telephone Number:<br><br>Home [ <input type="checkbox"/> ]<br><br>Work [ <input type="checkbox"/> ]      |                         |
| NOTE: This written authorization to effect a debit on a recurring basis may only be canceled <u>in writing</u> by any one of the persons who have signed above.  |   |                         |

Please return to: Comsource Management Inc.  
 3414 Morningwood Drive  
 Olney, MD 20832  
 Attn: Amber Finnigan  
 Or Email to: [afinnigan@comsource.com](mailto:afinnigan@comsource.com)