

# centerpoint

## Community Association Management, LLC.

### **AUTOMATIC WITHDRAWAL AUTHORIZATION AGREEMENT – ACH Homeowner Assessments**

Centerpoint offers automatic withdrawal from your bank account for your association assessments. Please provide us with all of the below information if you would like to activate this option for future assessments.

**Association:**

I (we) hereby authorize Centerpoint Community Association Management, LLC., herein called AGENT, to initiate a withdrawal from my (our) \_\_\_\_\_ Checking or \_\_\_\_\_ Savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to deposit into the above named Association account.

BANK NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ASSESSMENT AMOUNT: \$ \_\_\_\_\_

BILLING CYCLE (PLEASE SELECT ONE):

\_\_\_\_\_ MONTHLY    \_\_\_\_\_ QUARTERLY    \_\_\_\_\_ SEMI-ANNUAL    \_\_\_\_\_ ANNUAL

The amount indicated above as the assessment amount will be deducted from my (our) account on or near the first (1st) of the month during the month that it is due. This amount will be applied to my association assessments. I further authorize this amount and payment schedule to be adjusted with each subsequent approved annual association budget.

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

NAME(S): \_\_\_\_\_  
(PLEASE PRINT)

PROPERTY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE REMIT SIGNED FORM AND VOIDED CHECK TO THE ADDRESS BELOW:**  
CENTERPOINT COMMUNITY ASSOCIATION MANAGEMENT  
4630 LISBORN DRIVE  
CARMEL, IN 46033