

AUTHORIZATION AGREEMENT FOR AUTOMATIC BANK WITHDRAWAL OF MONTHLY FEES

I/We, _____,
the owner(s) of unit # _____ within the _____ Association, located at _____,

Washington, DC (hereinafter referred to as "the Association") do hereby authorize the Association, by and through its Board of Directors, in care of its Management Agent, Community Systems, Inc. to automatically withdraw from my/our bank account referenced below, on the fifth day of each month or the first business day thereafter, the amount of any regular monthly assessment(s), which I/we understand may change from time to time.

I/We understand and agree that the bank withdrawal authorized by this Agreement shall be implemented in accordance with the Governing Documents of the Association and that the amount withdrawn for regular monthly assessments shall be consistent with the regular monthly assessment(s) charged to my/our Association account for my/our unit, parking space(s) (if any), storage unit(s) (if any), and any other appurtenant. I/We understand and agree that the bank withdrawal authorized by this Agreement shall also be implemented in accordance with the Association's Collections Policy (if any) and that all amounts withdrawn from my/our bank account pursuant to this Agreement will be applied to my/our Association's account in accordance with such policy.

I/We understand and agree that it is my/our responsibility to advise the Association in writing no less than fifteen business days in advance of any changes requested to this Agreement, specifically regarding the bank account from which funds are to be withdrawn.

I/We understand and agree that a returned payment fee will be assessed to my/our account in addition to any other fees, such as late charges (if applicable) if the Association is unable to withdraw funds from my/our account due to (1) insufficient funds in my/our designated bank account, (2) incorrect bank account information provided by me/us, or (3) my/our failure to update existing bank account information previously provided. I/We understand and agree that any monthly assessment(s) the Association is unable to collect during any given month for any of the above-stated reasons will be withdrawn the following month, in addition to the returned check fee and any other fees, such as late charges (if applicable). I/We understand and agree that in case the Association is unable to successfully collect funds from my/our account due to any of the reasons stated above, I/we can submit a check representing full payment for assessments due, in order to avoid a late fee, if applicable, provided that such check is received in our office prior to the date a late fee is assessed according to the Association's late payment policy (if any). I/We understand and agree that I/we must rely on my/our financial institution for notification to me/us regarding payment status in order to be able to submit a check to avoid any late fees that may be assessed to my/our Association account.

I/We understand and agree that this Agreement will become null and void once the Association has been unable to collect my/our monthly assessment(s) for any reason stated above for two consecutive months, at which time the Association will no longer attempt to automatically withdraw funds from my/our account and I/we must submit payment in another fashion.

I/We understand that this Authorization Agreement must be received by the Association prior to fifteen days of it taking effect and shall be effective as of (date) _____ and remain in full force and effect until written notice of termination is provided by either party within fifteen days of such. A faxed copy of this Authorization Agreement will be considered valid as if it were the original. You can fax it along with a copy of a voided check to Community Systems, Inc. at 202-244-7101. An emailed copy of this Authorization Agreement will also be considered valid as if it were the original. You can email it along with a scanned copy of a voided check to Laura@communitysystemsinc.com.

Please complete page two and provide both pages to Community Systems no less than fifteen days prior to the implementation of this Agreement. Please include a copy of a voided check (a deposit ticket cannot be accepted, since it has different information on it). Please make sure voided check information matches information furnished on page two.

account holder name(s) _____

bank name _____
bank address _____

FRB routing number _____
account number _____
account type _____(checking/savings/money market)

I wish for the Association to start withdrawing my fees on (date) _____

I/We understand and agree that it is my/our responsibility to advise the Association in writing no less than fifteen business days in advance of termination of this Agreement or of any changes requested to this Agreement, specifically regarding the bank account from which funds are to be withdrawn.

printed name

printed name

signature

signature

date

date

telephone

telephone

Please complete page one and provide both pages to Community Systems no less than fifteen days prior to the implementation of this Agreement. Please include a copy of a voided check (a deposit ticket cannot be accepted, since it has different information on it). Please make sure voided check information matches information furnished on page two.