

ACM Direct Debit

American Community Management, Inc., in cooperation with your Community Association, is pleased to announce a new **Direct Debit** payment program.

This program utilizes electronic funds transfer to provide you with a timely, accurate, and convenient method to pay your Association assessments.

With **Direct Debit** you can eliminate

- ✓ the hassles of writing and mailing checks
- ✓ the embarrassment of incurring late fees*
- ✓ the worry whether your payment arrived on time

Your checking or savings account is electronically debited on the date your assessment is due—never too early, never too late. You maximize the advantage of your Association's payment grace period.

* You must have a sufficient balance in your account on the regular date of debit to avoid a late or NSF fee.

American Community Management, Inc. • 1908 Wright Boulevard • Schaumburg, IL 60193

Authorization for Direct Debit

I elect to use this payment option.
(Please include a voided check)

I (we) hereby authorize American Community Management, Inc., hereinafter called "ACM" to initiate debit entries to my (our) account indicated below for assessment payments and other Association-related financial obligations. I (we) authorize the financial institution below, hereinafter called "Bank", to credit the amount of such entries to my (our) account, to correct any errors, and to deposit any such corrections to my (our) account.

This authority is to remain in full force and effect until I (we) revoke the agreement as hereinafter provided. Any revocation is effective only after ACM has received written notification from me (us) to terminate this agreement in such time and manner as to afford a reasonable opportunity to act upon the notice. I (we) have the right to stop payment of a debit by notification to the Bank in such time and manner to afford a reasonable opportunity to act prior to charging the account.

I (we) agree to maintain a balance in the account sufficient to process the debit, and understand that reverse processing and NSF charges will apply in addition to my Association's late fee, in the event of non-sufficient funds.

Cut Along Dotted Line

Signature _____

Print Name _____

Address _____ Unit _____

City, State, Zip _____

Phone # _____

Bank Name _____

Account Number _____

Detach and mail today—include a voided check.