

**AUTHORIZATION AGREEMENT
(ACH DEBITS)**

PLEASE NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY

I (we) hereby authorize **Coastal Community Association Management, LLC**, hereinafter called "Company," to initiate debit entries to my (our) Checking Account or Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called "Depository," and to debit the same to such account for the purpose of collecting assessments for my community association. I (we) understand that this debit will occur on or about the 1st or 15th (select one) of each month in which payments are due. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number (9 digits): _____ Account Number: _____

My Association is: _____

Property Street Address: _____

Name(s): _____
(Please print) (Please print)

Signature(s): _____

Date to Begin Debit: _____

PLEASE RETURN FORM TO:

**Coastal Community Association Management, LLC
Accounts Receivable
P.O. Box 1698
Bluffton, SC 29910**

Management Company Use Only:

Homeowner Account Number: _____

Date entered: _____