

Direct Bill Payment Authorization Agreement

I hereby authorize **Select Community Management** to electronically debit my account for association obligations. I have an account at _____

Banking Institution

I agree to maintain sufficient funds to pay association obligations when due. I also understand that if corrections are necessary, this may involve an adjustment to my account.

ASSOCIATION NAME _____

CUSTOMER NAME _____

BANK NAME _____

BANK ROUTING / ABA # _____

CITY _____

STATE _____

ACCOUNT NUMBER _____

ACCOUNT TYPE CKG. _____ SAV. _____

Direct Debit will begin the month after the form is submitted, unless a written request is submitted to Select Community Management. Both the customer and Select Community Management reserve the right to refuse or terminate electronic payment services, which is a voluntary service. This agreement will remain in effect until Select Community Management has received written notification of termination and has had sufficient time to act upon it. For additional information, please see the reverse side of this form.

CUSTOMER SIGNATURE _____ DATE _____

ADDRESS _____

**** Please include a payment by check or voided check with this form ****

The direct debit form and initial processing of electronic payment cannot begin until Select Community Management has received a payment by check with this form or a voided check.

Please return this form and a check payment or voided check to :
Select Community Management
Attn: A/R
2455 S. Industrial, Ste. A
Ann Arbor, MI 48104

Direct Bill Payment Service

Direct Bill Payment is a service provided by Select Community Management. This service is an alternative to making payment for monthly Association fees by check or other method.

Use of this service is entirely voluntary. Co-Owners are under no obligation to use this service. **Do not complete and return this form unless you want to use the service.**

Explanation of the service:

Co-Owners sign-up for the service and provide the requested information to the Select Office for set-up.

Each month between the 1st and the 10th the process to transfer the monthly assessment amount from your checking or savings account to the Association's checking account will take place.

A co-owner who has signed-up for the direct bill payment service may discontinue the service by submitting a written termination request to the Select Office at 2455 S. Industrial Hwy, Ste A, Ann Arbor, MI 48104

Insufficient Funds:

It is very important for co-owners using this service to maintain sufficient funds for payment in the account to be charged.

You must be sure that the amount necessary to cover the direct payment is in your checking account and that the funds are available by your bank for the transfer. If the payment is returned for insufficient funds, the charges incurred by the Association for the return as well as the late payment fee will be charged to the co-owner.