

Adams Ridge Condominium Association
Direct Debit Payment Authorization Form (ACH)

Residents Name: _____ Address: _____

E-Mail Address: _____

I authorize, Adams Ridge Condominium Association, Inc. hereinafter called COMPANY, to initiate debit entries to my () **CHECKING** or () **SAVINGS** account (please select one). Indicated below at the depository financial institution (your bank's name), hereinafter called DEPOSITORY. Also, if necessary, initiate adjustments for any transactions debited in error.

Depository Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing/Transit Number: _____

Account Number: _____

For Monthly Payment of Adams Ridge Condominium Association Dues,

This authorization will remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY and reasonable opportunity to act on it.

Resident Name (Please Print): _____

Resident Signature: _____ Date: _____

NOTE: IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN AUTHORIZATIONS MUST BE REVOKED ONLY BY NOTIFYING THE ORIGINATOR (COMPANY) IN WRITING NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE.

A VOIDED CHECK MUST BE ATTACHED TO THIS FORM

Please mail completed form to:

Cranberry Community Management ; P.O. Box 2225; Cranberry Township, PA 16066

Any questions, please call Cranberry Community Management at 724-799-5152.