

Homeplace I at Adams Farm Townhomes Association, Inc.
AUTHORIZATION FORM for AUTOMATIC DRAFT FROM BANK ACCOUNT

Homeowner(s) Name & Homeplace Address: _____

Mailing Address (if different): _____

CMG Account#: _____ E-Mail Address: _____

Day Ph# (____) _____ - _____ Ev. Ph# (____) _____ - _____ Cell# (____) _____ - _____

AUTHORIZATION AGREEMENT FOR BANK ACCOUNT AUTOMATIC DRAFT

I/We hereby authorize Cedar Management Group, LLC hereinafter called COMPANY, to initiate automatic debit entries, for the purpose of authorized Monthly Assessments by the Association, to my/our Checking account indicated on the attached voided check (Checking account), hereinafter called DEPOSITORY, to debit same to such account.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of the DEPOSITORY change, or its termination, in such time, and in such manner, on or prior to the 3rd of the calendar month as to afford COMPANY and DEPOSITORY reasonable opportunity to act upon DEPOSITORY change or authorization agreement termination.

NOTES:

- 1. Your account must be current in order for the COMPANY to draft your account or you must contact the COMPANY to arrange a payment plan.**
- 2. If, for any reason, this draft does not clear your account for two consecutive months, the draft will be stopped immediately by the COMPANY with each month assessed the current applicable Returned Check Fee(s).**

*******Note:** Please attach a voided check to this form HERE once form has been fully completed and signed.
A deposit slip cannot be accepted due to the bank's routing information

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE

*******NOTE:** For monthly assessments the draft is executed once per month between the 5th through the 10th of each calendar month. This form must be received, by mail, at the Cedar Management Group, LLC office at the address listed below before the 20th of the prior calendar month of when the draft is to start.

EXAMPLE: To start the draft on the 5th-10th of May this completed form must be received before the 20th of April, etc.

Start draft on the 5th-10th day of _____
(Fill in Month) _____ Date Submitted _____

Homeowner Name (Print)

Homeowner Name (Print)

Homeowner Signature

Homeowner Signature

If you have any questions regarding this bank draft authorization form, you may contact the management company at:

Cedar Management Group, LLC
P.O. Box 481349
Charlotte, NC 28269

Automatic Clearing House (ACH) Draft:
Phone: (877) 252-3327
E-Mail: ach@mycmg.com