

CAMCO ACH DIRECT DEBIT FORM

AUTHORIZATION AGREEMENT - DIRECT PAYMENTS (ACH DIRECT DEBIT)

I (we) hereby authorize CAMCO, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution)

(Routing/Transit Number)

(Address)

(Bank Account Number)

(City, State, Zip)

____ Checking ____ Savings
(Account Type- Check one)



Current Recurring Amount \$ _____

The draft amount will be changed automatically if there is an increase in the recurring amount. ACH Direct Debit is applicable to all monthly recurring assessments, utility and usage fees and charges (if any) imposed against the Unit by the governing documents of the Association.

Please Note: ACH deductions are scheduled on the 5th of each month due. If the 5th falls on a weekend or holiday, it will be scheduled on the next available business day. If you would like to enroll in our ACH program, you will need to complete a new ACH form and return to CAMCO.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify CAMCO in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payments will be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), I understand that CAMCO may at its discretion attempt to process the charge again within 30 days, and agree to any applicable fees for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form and the governing documents of the Association.

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AUTHORIZATION AGREEMENT - DIRECT PAYMENTS (ACH DIRECT DEBIT)

(Print Individual Name)

(Phone)

(Signature)

(Email)

(Unit Address)

(Association Name)

Return to CAMCO via e-mail at:
cforteza@camcomgmt.com

PLEASE ATTACH COPY OF A VOIDED CHECK TO THIS FORM