

AUTOMATIC DRAFT OF HOMEOWNERS' ASSOCIATION DUES

Cedar Management Group offers the convenience of Automatic Direct Draft for your association assessments. The Automatic Direct Draft debits your homeowners' association assessments from your bank account. This eliminates the need for you to write checks. **To set up this Automatic Draft, complete the following authorization form and return it to us with a voided check.**

***** Please note:** Forms received without a voided check will be processed using the numbers provided. Bank returns due to incorrect routing or account numbers on the form will be subject to a returned check fee which will be charged to your account.

Please send this form to:

Association Name
Care of CMG
PO Box 26844
Charlotte, NC 28221

The account that you choose below will be charged between the 5th and 10th of the month, depending on weekends, holiday or other circumstances. Please note that your funds must be available on the 5th day of the month. Everyone using the ACH draft in your Association is drafted at one time as a batch. We are unable to draft individual accounts on specific days. This service can be canceled at any time by notifying CMG or your bank in writing.

*****Accounts with an outstanding balance cannot be set up on ACH draft.*****

AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFTS

I hereby authorize CMG, Agent of my community association to initiate debits from my checking account at the financial institution listed below. Dues will be deducted between the 5th and 10th of each billing cycle.

This authority shall remain in full force and effect until CMG has received written notification from me of its termination, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

For questions about this form:

help@mycmg.com, call us at 877-252-3327 or fax us at: 704-509-2429.

This Authorization is Non-Negotiable and Non-Transferable.

Name of Financial Institution: _____ Branch _____

Routing (ABA) #: _____ Account #: _____

Association Name: _____

Property Address: _____

Owner's Name: _____

Signature: _____ Date: _____

Please include your mailing address, phone number and email address below:

Mailing Address: _____

Phone: _____ Email: _____

Which month would you like to start: _____

Form must be received at least 15 days prior to requested start to ensure request is processed.