

DIRECT DEBIT PAYMENT AUTHORIZATION AGREEMENT (ACH)
Direct Debit Payment Services Conditions and Terms:

- SFMC will initiate the Direct Debit on the first(1st) business day of the month assessments are due following receipt of this completed and approved application. Enrollment date supersedes date requested as start date.
- CIT Bank (or other depository determined by SFMC) will be authorized to withdraw funds from the Applicant's bank account for deposit into the Association's bank account by the fifth (5th) business day of the month.
- The withdrawal will be no more than the current regular monthly assessment(s) and may include parking or special assessments (if applicable). Amounts may change in accordance with the Association's approved budget. Direct Debit is not guaranteed to bring Applicant's Association account to zero balance. Applicant's Association account must have a zero balance to be initially enrolled in Direct Debit.
- Applicant is completely responsible for notifying SFMC in writing by the end of the month preceding the month of any changes that affect Direct Debit withdrawal (i.e., change of bank, account #'s, move out, etc)
- Applicant is completely responsible for having sufficient funds in their account. If Direct Debit results in two (2) non-sufficient fund (NSF) returns or is not honored by the applicant's bank, applicant's account will be immediately removed from the Direct Debit payment program. Applicant will be charged for all bank/Association/SFMC charges incurred as a result of a returned/failed Direct Debit.
- The application for the Direct Debit program must be accompanied with a VOIDED CHECK. All applications that are received without a voided check will be returned.
- Applicant is responsible for payment of their Association Assessments regardless of the status of this application.

I (We) authorize SFMC, Inc. to initiate electronic debit entries to my (our) checking account as indicated below, and if necessary, process any adjustments needed to correct errors or changes in Financial Institution information as informed by Applicant or Financial Institution. This authorization is to remain in full force and effect until SFMC receives written notification of its termination. I (We) acknowledge that the origination of ACH transactions to my(our) account must comply with the provisions of U.S. law.

This is a change to an existing application/enrollment

New Direct Debit start date: _____ (cannot be prior to current/received date)
(Month/Year)

Financial Institution (Bank) Name: _____

Routing/ACH #: _____ Checking Account #: _____

Print Name: _____ Applicant
Print Name: _____ Co-Applicant

Signature: _____ Applicant
Signature: _____ Co-Applicant

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Today's Date: _____ Email Address: _____

Association Name: **South Riding Proprietary**

Owner Account # or Property Address: _____

Please return this completed form with a *VOIDED CHECK* to:

SFMC

9464 Innovation Drive

Manassas, VA 20110

Fax: (703) 392-5039

Email: CRoland@SFMCinc.com

For Office Use Only

Entered By: _____

Date: _____