



AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

FOR: CCMC

I (we) hereby authorize CCMC hereinafter called Company, to initiate debit entries to my (our) Bank account indicated below at the depository named below, hereinafter called Depository, to debit the same to such account.

Depository Name:

CCMC as Agent of the Association
8360 E Via de Ventura, Ste 100 Bldg L
Scottsdale, Arizona 85258-3172

The authorization is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

I wish to: (please indicate ONE)

- ☐ Establish a new Direct Debit
- ☐ Change the bank account my debits are drawn on
- ☐ Cancel my Direct Debit Account

☐ *I understand that direct debit/ACH withdrawal through CCMC is processed at the same frequency and dollar amount as my current assessment. Prior balances or sanctions must be paid separately.

Community/Association Name* (not "CCMC"): _____

Property/Unit Address*: _____

Association Account #*: _____ **Start Direct Debit on***: _____
(account # can be found on statement) (if unsure of start date, please contact community office or CCMC's customer service)

Association Account #*: _____ **Start Direct Debit on***: _____
(account # can be found on statement) (if unsure of start date, please contact community office or CCMC's customer service)

Name(s)*: _____
Please Print Please Print

Email Address: _____

Specify ONE*: Checking ☐ or Savings ☐

Bank Name*: _____

Routing # (9 digits)*: _____ **Account #***: _____ (ATTACH
VOIDED CHECK OR OTHER VERIFICATION OF ROUTING AND ACCOUNT #)
FOREIGN BANK ACCOUNTS ARE NOT ELIGIBLE FOR THIS PROGRAM.

Signed*: X _____ X _____

By selecting the following, I authorize CCMC to process a one-time withdrawal of the current balance on my account:

☐ I authorize a one-time withdrawal of \$ _____ to bring my account current.

Note: All written debit authorizations MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

*** APPLICATIONS RECEIVED AFTER THE 29TH DAY OF THE MONTH PRIOR TO THE ASSESSMENT CHARGE WILL NOT BE PROCESSED UNTIL THE NEXT BILLING PERIOD

EMAIL COMPLETED FORMS AND VOIDED CHECK TO ACHSETUP@CCMCNET.COM. INCOMPLETE OR INCORRECT INFORMATION IN ANY **REQUIRED FIELD* MAY DELAY THE PROCESSING OF THIS REQUEST, AND MAY CAUSE THE DIRECT DEBIT TO BECOME EFFECTIVE IN THE NEXT BILLING PERIOD.

IF THERE ARE ANY QUESTIONS, PLEASE CONTACT YOUR COMMUNITY OFFICE OR CCMC's CUSTOMER SERVICE OFFICE AT 866-244-2262

Revised 10/5/2021