

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

I (we) hereby authorize _____, hereinafter
Called "Company", to initiate debit entries to my (our): Select one:

Checking Account or Savings Account

at the depository financial institution named below, hereinafter called
"Depository", and to debit the same to such account for the purpose of collecting
assessments for my Community Association. I (we) understand that this debit will occur
on or about the **1st thru the 10th** of each month in which assessments payments are due.
I (we) acknowledge that the origination of ACH transactions to my (our) account must comply
with the provisions of United States law.

Depository Name: _____

Branch: _____

City: _____ **State:** _____ **Zip:** _____

Bank Routing Number (9 Digits): _____

Bank Account Number: _____

***This authorization is to remain in full force and effect until Company has received
written notification from me (or either of us) of its termination in such time, and
in such manner, as to afford Company and Depository a reasonable opportunity to act on it.***

My Association is: _____ **Date:** _____

PROPERTY ADDRESS: _____ **Phone #** _____

Period to begin the ACH Debit: _____

***By signing below, I acknowledge that I understand the ACH Debit Form must be received
by the Association Management Office on or before the 15th of the month preceding
my requested start date. If it is not received by that date, I understand I must make other
payment arrangements for that period's scheduled assessment and I understand that
the ACH Debit will commence with the next scheduled assessment.***

Name(s): _____ **Please Print** _____ **Please Print**

Signature(s): _____

NOTE: You Must Attach a Voided Check for the Account that will be Debited.

MAIL THIS FORM ALONG WITH A VOIDED CHECK TO:
Chesapeake Bay Mgmt
603 Pilot House Drive, Suite 300
Newport News, VA 23606
If you have questions, you may reach us at 757-534-7751