

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

Association Name: \_\_\_\_\_

Unit Address \_\_\_\_\_

Homeowner Unit Number \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**I/We authorize the above Association to charge my/our checking account at the financial institution indicated on my/our voided check for the payment of my/our monthly association assessment on or about the 8<sup>th</sup> of each month.**

**I/We understand that these assessments may change periodically, and that such change will be provided to Community Association Banc by the above named Association.**

**PLEASE ATTACH A VOIDED CHECK (with preprinted name and address)  
FROM THE CHECKING ACCOUNT THAT WILL BE CHARGED.**

**I/we represent and warrant to CA Banc that the undersigned are all signers required to transact business on said deposit account and understand that electronic transactions on said account will be governed by the terms of my/our deposit account terms and disclosure. This authorization is to remain in full force and effect until the Management Company has received written notification from me of its termination in such time and in such manner as to afford the Management Company and CA Banc a reasonable opportunity to act on it.**

Name(s) \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**MAIL THIS FORM TO:**

**SUPERIOR COMMUNITY MANAGEMENT  
P. O. Box 1549 Sherwood, OR 97140  
503-684-1832  
503-684-1834 - fax**

**Please continue to make regular monthly payments until you are notified that  
ACH will begin**