

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

**NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY**

I (we) hereby authorize the \_\_\_\_\_ and its agent, Elliott Merrill  
Name of Homeowners or Condominium Association  
Community Management, hereinafter called "Company," to initiate debit entries to my (our)  Checking Account or  Savings Account (select one) indicated below 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 3<sup>rd</sup> business day of each month/quarter in which assessment 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: \_\_\_\_\_

Routing Number (9 digits): \_\_\_\_\_ 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 \_\_\_\_\_ My unit number is: \_\_\_\_\_

Name(s): \_\_\_\_\_  
(Please print) (Please print)

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone #(s): \_\_\_\_\_

**PLEASE RETURN FORM AND VOIDED CHECK TO:**

Elliott Merrill Community Management  
Attn: Accounts Receivable  
835 20<sup>th</sup> Place  
Vero Beach, FL 32960

Questions? Contact accounts receivable at 772-569-9853.

**NOTE: COMPLETED FORM & VOIDED CHECK MUST BE RECEIVED IN OUR OFFICE PRIOR TO THE NEXT ASSESSMENT'S DUE DATE, IN ORDER TO BE PROCESSED FOR THE FOLLOWING INSTALLMENT DUE. FOR EXAMPLE: MUST BE RECEIVED BY 6/30 TO BE PROCESSED FOR 7/1.**

**Please do not write below this line. For office use only.**

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date entered into TOPS: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ By: \_\_\_\_\_