

**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 **COUNTRYSIDE PROPRIETARY** 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 **10th** of each month 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: _____ **COUNTRYSIDE PROPRIETARY** _____

Property address: _____

Name(s): _____
(Please print) (Please print)

Signature(s): _____

Date: _____ E-mail Address: _____

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PLEASE RETURN FORM AND VOIDED CHECK TO:

CountrySide Proprietary
6 Pidgeon Hill Drive, Suite 120
Sterling, VA 20165

Management Company Use Only:

Homeowner Account Number: _____

Date entered: _____