



CERTIFIED MANAGEMENT OF AUSTIN, LLC

9600 Great Hills Trail, Suite 100E, Austin, TX 78759
512-339-6962 frontdesk@cmaaustin.com

ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking/savings account. Just complete and sign this form to get started!

Here's How Recurring Payments Work:

Certified Management of Austin, through Community Association Banc, a Division of Mutual of Omaha Bank, offers owners an opportunity to pay their regular assessments using automated electronic payments. Preauthorized electronic payments mean that owners can pay their assessments automatically without writing checks, thus eliminating the potential for late payments. In addition, the association is assured prompt, predictable payments to help better manage funds. This program is available to all owners regardless of where they bank. To enroll for your next billing cycle, the completed form must be received no later than the 20th of the prior month for processing.

The preauthorized electronic assessment payment service uses the Federal Reserve System's Automated Clearing House (ACH) to facilitate electronic transfers from homeowner checking/savings accounts directly into the association's bank account. Funds are transferred between the 5th & 10th day of the month in which the assessment is due. Information regarding payments is reported to the association's management on the same day funds are deposited into the association's account.

There may be changes to the Assessment amounts and/or due dates in accordance with the Association's governing documents and applicable statues of the ACH (Automated Clearing House) rules. Notice to owners will be provided to owners regarding any changes to amounts and/or due dates. Statements/Invoices will not be provided to owners enrolled in ACH, nor will a receipt/notice be provided once the ACH is processed. Past due balances or special assessments will not be drafted. Service is for regular assessments only.

We reserve the right to make changes in the agreement at any time. We may cancel Preauthorized Electronic Assessment Payments at any time without cause and you can terminate this agreement at any time by giving sufficient written notice or by closing the designated accounts.

Please complete the information below:

ASSOCIATION NAME _____

ASSOCIATION ACCOUNT NUMBER _____

NAME _____

LAST FIRST MI

NAME _____

LAST FIRST MI

BILLING ADDRESS _____

PHONE NUMBER _____

I/We hereby authorize Certified Management of Austin, as agent for the Association named above to initiate debit entries to my/our checking/savings account at the depository (bank) named. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Certified Management of Austin in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that the Certified Management of Austin may, at its discretion, attempt to process the charge again within 30 days, and I agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____

Account Type: Checking Savings

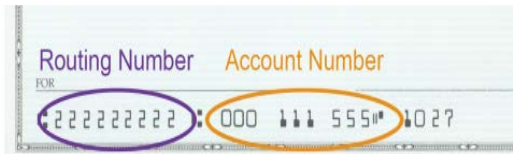
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



*Please attach a voided check or online printout from your bank showing your routing and account number