



ACH Payment Authorization

I, the owner of the unit address below, authorize Integrity Community Management, on behalf of the Association to automatically debit the amount of my Association assessment from the account below. This authority is to remain in full force and effect until the Association receives written notification from me of its termination within 10 business days of the next scheduled withdrawal. I further understand that payments will be deducted from my account between the first and tenth of each month in which the assessment is due. All returned payments are subject to a \$50 processing fee.

Name: _____

Address: _____

Association Name: _____

Email: _____ Phone: _____

Mailing Address (if different than above):

Financial Institution: _____

Routing Number: _____

Account Number: _____

Account Type (select 1): _____ Checking / _____ Savings

Date: _____

Signature: _____

You may mail your completed form to PO Box 1919, Leesburg, VA 20177

You may email your completed form to clientcare@integritycommunitymanagement.com