



ACH Authorization Form

Please use this form to have your monthly association fees withdrawn directly from your account

Please print:

Association Name:	Unit Number:
Last Name	First Name
Street Address:	City, State, Zip:
Daytime Phone:	Email Address:

I (we) herby authorize CUSTOMIZED PROPERTY MANAGEMENT, hereinafter referred to as MANAGER, as agent for the association named above to initiate debit entries to my (our) checking/savings account at the depository named below, hereinafter referred to as DEPOSITORY, to debit the same to such account.

Name of Bank: _____

I also understand I may discontinue this authorization at any time by giving written notice to Customized Property Management by the 15th day of the prior month to the month I want the termination effective.

Signature Required

Date

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.

THIS FORM MUST BE RECEIVED BY THE 15TH OF THE MONTH IN ORDER FOR THE FOLLOWING MONTH'S PAYMENT TO BE WITHDRAWN. All direct payments will be withdrawn from your account on the 1st of each month or the following business day if the 1st is on a weekend or holiday.

To Enroll: ATTACH A VOIDED CHECK WITH THIS FORM OR ATTACH OTHER OFFICIAL DOCUMENTATION FROM YOUR BANK SHOWING YOUR ROUTING AND ACH ACCOUNT NUMBER

EMAIL TO: INFO@CPMSUPPORT.COM or

MAIL TO: Customized Property Management
PO BOX 1419
Sterling Heights, MI 48311