HOA Electronic Transfer Instructions

Completion of this form will allow North Gate Community Association, Inc. to automatically deduct your $150 monthly association fee directly from your designated checking or savings account. This will occur on the 1st day of each month.

- Select whether you want the money to be deducted from either your Checking or Savings Account
  - Please check appropriate box below
- Enter the name of your bank or financial institution (Depository) you want the payment made from, along with the Branch name. City, State, and Zip.
- Enter your bank's Routing Number, this is the first nine digits printed in the lower left corner Of your check. (DO NOT USE THE NUMBERS ON A DEPOSIT TICKET THEY MAY DIFFER.)
- Enter your Account Number. This is the next set of numbers following your bank's Routing Number. (DO NOT USE THE NUMBERS ON A DEPOSIT TICKET; THEY MAY DIFFER.)
- Enter your Name or Names, if a joint account, and the Social Security number (ID Number) associated with that bank account.
- Enter today's date and sign. Only one person needs to sign for a joint account.
- Cut this sheet at the dotted line and return the bottom portion to:

  North Gate Community Association
  c/o Advantage Property Management
  223 N Prospect St, Ste 204
  Hagerstown, MD 21740

NORTH GATE COMMUNITY ASSOCIATION, INC.
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: North Gate Community Association. Inc Company ID Number: 52-1611521

- I(We) hereby authorize North Gate Community Association, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) ☐ Checking Account / ☐ Savings Account (select One] indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

- Depository Name_____ Branch_____

  City_____ State_____ Zip_____

- Routing Number_____ 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 lime and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

- Name(s)_____ ID Number_____

  (Please Print) (Social Security Number]

Date_____ Signature_____

NOTE: All written debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.