

AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

Association/Community Name _____ **Unit Address** _____

I, the owner of the unit address above, authorize Cardinal Management Group, Inc., on behalf of the Association to initiate debit entries in the amount of my Association assessment from the account indicated below. I also authorize the Financial Institution named below to debit same to such account.

Financial Institution Name: _____

Routing Number: _____ **Account Number:** _____

This authority is to remain in full force and effect until the Association and the Financial Institution have received written notification from me of its termination in such time and manner as to afford the Association and the Financial Institution a reasonable opportunity to act upon the request. 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, and should my payment be returned for any reason, I understand that I can be terminated from the program and I will be charged a \$75.00 administrative fee. **A VOIDED CHECK (NOT DEPOSIT SLIP) MUST BE ATTACHED.**

IMPORTANT NOTE: VERIFICATION OF ENROLLMENT INTO THE DIRECT DEBIT PROGRAM WILL BE SENT VIA EMAIL, PLEASE BE SURE TO INCLUDE YOUR EMAIL ADDRESS BELOW.

Name(s) _____

Email Address (where verification email will be sent) _____

Date _____ **Signed** _____

(Owner)

PLEASE RETURN THIS FORM WITH A VOIDED CHECK TO:

CARDINAL MANAGEMENT GROUP, INC., 4330 PRINCE WILLIAM PARKWAY, SUITE 201, WOODBRIDGE, VA 22192

I prefer to receive my notification by mail. Please mail my notification to:

Mailing Address: _____ **City, State, Zip:** _____