



14050 Summit Drive Suite 103 • Austin, TX 78728
512-287-8000 • 512-800-5383
CustomerCare@inframark.com

ACH Recurring Payment Authorization Form

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

Here's How Recurring Payments Work:

Inframark, through CIT Community Association 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 1st and the 5th 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 statutes 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

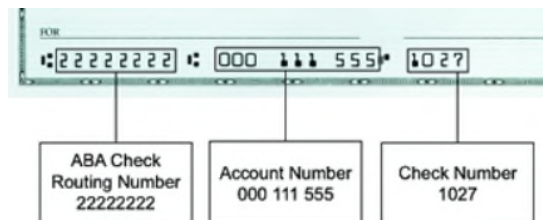
BILLING ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

I/We hereby authorize Inframark, 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 Inframark 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 Inframark 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 Account: _____
Bank Name: _____
Bank Routing: _____
Account Number: _____



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