

Care of Cedar Management Group
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Cedar Management Group offers the convenience of Automatic Direct Draft (ACH Draft) for your association assessments. The ACH Draft eliminates the need for you to write checks by debiting your homeowners' association assessments from your

bank account. The account that you submit below will be **charged between the 5th -10th of each billing cycle.** To cancel the draft or change the account from which your dues are drafted, you must notify Cedar Management Group in writing no later than the 3rd of the month to ensure changes/cancellation for that same month.

To set up the Automatic Draft:

1. Your association dues must be current.
2. Return this completed authorization form with a voided check. Forms received without a voided check will be processed using the numbers provided. **Bank returns due to incorrect routing or account numbers on the form will be subject to a returned check fee of \$36 which will be charged to your account.**

ACH Draft forms must be received by the 20th of the prior month in order to be added to the draft in the following month.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFTS

******PLEASE NOTE:** The ACH Draft is set up to debit your HOA dues ONLY. If a special assessment is passed, we will not automatically deduct those funds unless authorized by you. Please indicate below whether you wish to have any additional assessments to be drafted.

Yes, I want special assessments drafted in addition to my regular Association dues.

No, I do not want special assessments drafted with my regular Association dues. I will remit payment separately.

Not Applicable

I hereby authorize Cedar Management Group Agent to initiate debits from my checking account at the financial institution listed below. Dues will be deducted between the 5th and 10th of each billing cycle. This authority shall remain in full force and effect until Cedar Management Group has received written notification from me of its termination, allowing reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

This Authorization is Non-Negotiable and Non-Transferable.

Name of Financial Institution: _____ Branch _____

Routing (ABA) #: _____ Account #: _____

{Association Name}

Property Address: _____

Phone: _____ Email: _____

Please circle the month that you would like for your ACH draft to begin:

Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

Signature: _____

Date: _____