

FVCmanagement

FIRST VIRGINIA COMMUNITY MANAGEMENT, INC.

Authorization Agreement for Direct Debit

I (We) hereby authorize First Virginia Community Management, Inc. to debit my (our) account indicated below at the depository financial institution named below in the amount owed on my (our) association assessments between the 1st and 5th of the month in which payment is due. I (We) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law.

Association: _____ Property Address: _____

Deeded Owner(s)' Name(s): _____ Contact #: _____ Email: _____

Deeded Owner(s)' Name(s): _____ Contact #: _____ Email: _____

Financial Institution: _____ Account in the name(s) of: _____

ABA Number: _____ Account Number: _____

Is this a Checking or Savings Account: _____ Date to be initiated: _____

This authorization is to remain in full effect until First Virginia Community Management, Inc. receives written notification of change or termination. First Virginia Community Management, Inc. retains the right to cancel Direct Deposit in the occurrence of multiple unsuccessful attempts to withdraw funds due to insufficient account balances or inactive accounts.

PLEASE NOTE: Once Direct Debit has been activated, you will continue to receive quarterly billing statements. While separate payment will not be necessary, you should still review these statements to confirm the amount being deducted.

A completed application must be received by the 15th of the month in order to be effective the 1st of the following month. For example: If the application is received on or before March 15th, the effective date will be the 1st of April. However, if the application is received on or after March 16th, the effective date will be the 1st of May.

Quarterly assessments are deducted between the 1st and 5th day of the first month of each quarter. In other words, your dues will be deducted between the following dates: 1st-5th of January, 1st-5th of April, 1st-5th of July, and the 1st-5th of October.

By signing below I authorize First Virginia Community Management, Inc. to withdraw my (our) assessments on a **QUARTERLY** basis until otherwise notified.

Lot Owner Signature: _____ Date: _____

Lot Owner Signature: _____ Date: _____

When complete, attach a VOIDED CHECK to this form and mail to us:

**First Virginia Community Management, Inc.
P.O. Box 3672
Warrenton, VA 20188**

You may also email a copy of the form and your check to brooke@FVCmanagement.com.

59 Culpeper Street | Warrenton, VA 20186 | Office: 540.349.8220 | Fax: 540.301.2140
www.fvcmanagement.com