PLEASE RETURN BY THE 15th TO START WITH YOUR NEXT ASSESSMENT

GHA COMMUNITY MANAGEMENT LLC.
3020 HAMAKER COURT, SUITE 300
FAIRFAX, VA 22031
703.752.8300/fax 703.876.9594

ACH PAYMENT AUTHORIZATION FORM

GHA Community Management is pleased to offer you the option of using the ACH transfer of funds method to make your assessment payments. This allows automatic payment of your assessment from your banking institution to be paid directly to your Community Association's account. This way you will not have to take the time to write and mail a check, you can save money on postage, and all your payments will be made in a timely fashion, thus avoiding any late charges to your account.

To initiate participation, please complete this *ACH Payment Authorization Form*, attach a voided check from your designated bank account, and mail to the letterhead address. The assessment amount will be taken out of your account during the *FIRST WEEK* of each month or quarter, depending on your assessment frequency. ***You are responsible for all assessments on your account until your first assessment payment is taken out of your bank account.***

If you have any questions, please call GHA Community Management at 703.752.8300. Authorized ACH forms with attached voided checks can also be faxed to 703.876.9594.

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I hereby authorize GHA Community Management to initiate debit entries to my bank account indicated below and the financial institution named below to debit the same to such account for association dues.

APPLICATION TYPE (Circle One) ***NEW APPLICATION*** ***BANK CHANGE ONLY***

NAME _____

ASSOCIATION NAME _____

ADDRESS OF UNIT _____

PHONE NUMBER _____ /_____ (HOME) _____ /_____ (OFFICE)

EMAIL ADDRESS _____

This authority is to remain in full force and effect until GHA Community Management has received written notification from me of its termination in such time and manner as to afford GHA Community Management and my chosen designated bank a reasonable opportunity to act on it.

_____ _____

SIGNATURE DATE

*****THIS BOX MUST BE FULLY COMPLETED & A VOIDED CHECK MUST BE ATTACHED*****

FINANCIAL INSTITUTION_____

TRANSIT ROUTING NUMBER (9-digit number on bottom of check)_____

BANK ACCOUNT NUMBER_____

ACCOUNT TYPE (Circle One) SAVINGS CHECKING

Please note there is a service charge for any payment returned for insufficient funds or closed account. If two payments are returned within a 12-month period, the service may be stopped and you will be responsible for making all future payments by another manner. GHA Community Management LLC. reserves the right to reject and/or revoke participation in the ACH Program at any time.