



## Authorization Agreement for Direct Debit Payment (ACH Debits)

Company: Clearbrook Community Association, 1 Clearbrook Drive, Monroe, NJ 08831

I (we) hereby authorize *Clearbrook Community Association*, hereinafter called COMPANY, to initiate debit entries to my (our) account on the **7<sup>th</sup> of every month.**

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

**Please attach a voided check in this space.**

**This Authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: All written debit authorizations must provide that the receiver may revoke the authorization by notifying the originator in the manner specified in the authorization by written notice ONLY.**

**For Office Use Only:**  
Resident Account Number: \_\_\_\_\_ Monthly Maintenance Fee: \$ \_\_\_\_\_  
Request for ACH: New / Change / Add / Delete (circle one) as of: \_\_\_\_\_  
(Month change is to start)

**Please return this completed form via email to [DirectDebit@taylormgt.com](mailto:DirectDebit@taylormgt.com) or you may return it to the Clearbrook administration office.**