

Clark Simson Miller
800 Gay Street Suite 700
Knoxville, TN 37929
www.csmhoa.com

AUTOMATIC DRAFT AUTHORIZATION FORM

CSM offers the convenience of Automatic Direct Draft for your association assessments. The Automatic Direct Draft debits your assessments from your bank account automatically for each billing cycle. This eliminates the need for you to write checks.

To set up Automatic Draft, please complete the following authorization form and return it to us with a voided check.

Please note: 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 which will be charged to your account. These fees are **non-refundable**.

Please send this form to:

[Your Association Name]
Care of CSM
PO Box 26941
Charlotte, NC 28221

Your bank account will be drafted between the 5th and the 10th of the month, depending on weekends, holiday or other circumstances. Please note that your funds must be available on the 5th day of the month. Everyone using the ACH draft in your Association is drafted at one time as a batch. We are unable to draft individual accounts on specific days. This service can be canceled at any time by notifying CSM or your bank in writing.

*****Accounts with an outstanding balance cannot be set up on ACH draft.*****

For questions about this form, please feel free to email us at support@csmhoa.com or call us at 865-315-7505.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFTS

I hereby authorize Clark Simson Miller to initiate debits from my checking account at the financial institution listed below. Assessments will be deducted between the 5th and 10th of each billing cycle.

This authority shall remain in full force and effect until CSM has received written notification from me of its termination, allowing it 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 Owner Name: _____

Property Address in the HOA: _____

Signature: _____

Date: _____

Please include your phone number and email address below:

Phone: _____ Email: _____

Which month would you like to start: _____

Form must be received at least 15 days prior to requested start to ensure request is processed.