

ACH START MONTH

AUTHORIZATION FOR DIRECT DEBIT

COMMUNITY ASSOCIATION NAME: _____

HOMEOWNER INFORMATION

NAME		
ADDRESS (Street, route, P.O. Box)		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER ()	ASSOCIATION NAME	
EMAIL ADDRESS:		

I hereby authorize Shew Community Management, Inc. to debit funds from the account at the FINANCIAL INSTITUTION designated below. I understand that this debit will occur on or about the 1st business day following the due date of the assessment, absent any other direction received in writing. This authorization will remain in effect until I initiate, in writing, a stop action request in such time and in such manner as to allow Shew Management a reasonable opportunity to act upon it. I agree to notify Shew Management if I wish to change the designated FINANCIAL INSTITUTION or account from which the funds are to be debited from at least 30 days prior to the effective date of such change. I understand that failure to do so may delay Shew Management's receipt of funds and that I will be responsible for any resulting late fees or returned item fees.

SIGNATURE

DATE

FINANCIAL INSTITUTION INFORMATION

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER □ □ □ □ □ □ □ □ □
	BANK ACCOUNT NUMBER □ □ □ □ □ □ □ □ □ □

A VOIDED, BLANK CHECK MUST ACCOMPANY THIS AUTHORIZATION

YOU CAN EMAIL THIS FORM & VOIDED CHECK TO **ACH@SHEWMANAGEMENT.COM**
OR FAX YOUR FORM AND VOIDED CHECK TO: 610-430-8160