SHADOWOOD CONDOMINIUM ASSOCIATION
11639 STONEVIEW SQUARE
RESTON, VA 20191-2952
703-620-5444 / VOICE
703-620-4233 / FAX

ADVANTAGE COMMUNITY MANAGEMENT CORP.

ACH PAYMENT AUTHORIZATION FORM

Advantage Community Management Corp. 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 a banking institution of your choice to be credited directly to the Association's account. This way you will not have to remember when to make a payment, 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 them to the above letterhead address. The Full Account Balance will be taken out of your account before the **10th** of each month. ***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 Shadowood Condominium Association at 703-620-5444. Authorized ACH forms with attached voided checks can also be faxed to 703-620-4233.

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******FORM HAS TO BE COMPLETED IN FULL******

I hereby authorize Advantage Community Management Corp. to initiate debit entries, of the full account balance, to my bank account indicated below and the financial institution named below to debit the same to such account for assessment payments.

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

NAME_____

ADDRESS OF UNIT (INCLD UNIT #)_____

PHONE NUMBER_____/_____ **(HOME)** _____/_____**(OFFICE)**

_____/_____**(MOBILE/CELL)**

EMAIL ADDRESS_____

This authority is to remain in full force and effect until Advantage Community Management Corp. has received written notification from me of its termination in such time and manner as to afford Advantage Community Management Corp. 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 (Check 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 shall be stopped and you will be responsible for making all future payments by another manner. Advantage Community Management Corp. reserves the right to reject and/or revoke participation in the ACH Program at any time. 012510