PLEASE RETURN BY
THE 15th TO START
NEXT BILLING CYCLE

ARMSTRONG MANAGEMENT SERVICES, INC.
3949 Pender Drive, Suite 205
Fairfax, Virginia 22030
703.385.1133/fax 703.591.5785

For Office Use Only	
Acct#	
Assmt Freq	
Balance	
Coll. Status	

AUTOMATED PAYMENT SERVICE AUTHORIZATION FORM

Armstrong Management Services, Inc. is pleased to offer you the option of using the electronic transfer of funds method to make your assessment payments. This allows automatic payment of your assessments from virtually any banking institution that you choose 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 *Authorization Form*, attach a voided check from your designated bank account, and mail them to the letterhead address. The assessment amount will be taken out of your account during the *FIRST WEEK* of each billing cycle. ***You are responsible for all assessments on your account up until such time as you are notified in writing that your first assessment payment will be taken out of your account.***

If you have any questions, please call the Accounting Department at 703-385-1133. Thank you.

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I (we) hereby authorize Armstrong Management Services, Inc., hereinafter called "Company," to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called "Financial Institution," to debit the same to such account for association dues. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

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

NAME (S) _____

ASSOCIATION NAME _____

ADDRESS OF UNIT _____

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

EMAIL ADDRESS _____

This authority 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 manner as to afford "Company" and "Financial Institution" a reasonable opportunity to act on it.

_____ _____
SIGNATURE DATE

_____ _____
SIGNATURE DATE

*****THIS BOX MUST BE COMPLETED IN ITS ENTIRETY & A VOIDED CHECK MUST BE ATTACHED!*****

FINANCIAL INSTITUTION _____

TRANSIT ROUTING NUMBER (on bottom left of check) _____

BANK ACCOUNT NUMBER _____

ACCOUNT TYPE (Please Circle One) SAVINGS CHECKING

Please note there is a service charge per payment returned for insufficient funds or closed accounts. If two payments are returned within one year, the service will be stopped and you will be responsible for making all future payments. All written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the manner specified in the authorization. Single entry reversals do not require authorization by the Receiver. The underlined language in the authorization above represents the disclosure requirement associated with the clarification of OFAC economic sanction policies upon ACH Network Participants. Armstrong Management Services, Inc. reserves the right to reject and/or revoke participation in the Direct Debit Program at any time.

****NOTE: FEDERAL CREDIT UNION MEMBERS SHOULD VERIFY THE ACH ROUTING NUMBER WITH THEIR BANKING INSTITUTION****