



Authorization Agreement

For Direct Payments (ACH DEBIT)

ONE FORM REQUIRED PER ADDRESS/LOT/UNIT

Property Information

My Association's Name:		My Curtis Account#:	
My Property Address:	City:	State:	Zip Code:

I hereby authorize Curtis Management Company as agent for my homeowners association, to initiate debit entries to my/our Checking Account.

I authorize the agent to withdraw sufficient funds to pay the regular assessment, utility assessment (when applicable) or any approved special assessment. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of United States law.

The debit will occur on the 10th of the month.

This authorization is to remain in full force and effect until I notify you in writing of its termination in such time and in such manner as to afford a reasonable opportunity to act on it. I understand that I must terminate this authorization prior to escrow closing when selling this property.

Signatures

Name (please print):	Signature:	Date:
Home Phone:	Email Address:	
Name (please print):	Signature:	Date:
Home Phone:	Email Address:	

STAPLE VOIDED CHECK HERE

Please mail completed form & voided check to:

Curtis Management Company
Attn: Sheryl Sharp
5050 Avenida Encinas, Suite 160
Carlsbad, CA 92008