



**ELITE MANAGEMENT
ASSOCIATES, INC.**

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (We) hereby authorize Elite Management Associates, Inc. to initiate debit entries to the account listed below at the depository financial institution named below. I (we) acknowledge that the origination of the ACH transaction to the Association account must comply with the provisions of U.S. law.

Depository Name: _____

Routing Number: _____

Account Number: _____

This authorization is to remain in full force and effect until Elite Management Associates, Inc. has received written notification from you of its termination in such time and such manner as to afford Elite Management Associates, Inc. to act on it.

Please complete the form below authorizing Elite Management Associates, Inc. to automatically withdraw monthly assessments and other member approved charges from your account. Return this form with a **VOIDED CHECK** from a commercial bank to the following address:

Elite Management Associates
PO Box 628
Western Springs, IL 60558

Association Name: _____

Name (Print): _____

Address: _____

Home #: _____ Cell #: _____

Signature: _____

Date: _____

Once the automatic debit commences, your account will be debited between the 1st and the 5th of the month when your assessment is due. If your association account is past due, your account will be debited at the appropriate level to bring your account current with the association. This authorization will take effect immediately once the form is returned.