



## UNION BANK HOMEOWNERS ASSOCIATION SERVICES AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I (we) hereby authorize **ATLANTIC COMMUNITY MANAGEMENT**, hereinafter called "Company," to initiate debit entries to my (our) Checking Account or Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called "Depository," and to debit the same to such account for the purpose of collecting assessments for my community association. I (we) understand that this debit will occur on or about the **5TH** of each month in which assessment payments are due. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number (9 digits): \_\_\_\_\_ Account Number: \_\_\_\_\_

This authorization 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 in such manner, as to afford Company and Depository a reasonable opportunity to act on it.

My association is: **INDIAN LAKES ASSOCIATION**

Name(s): \_\_\_\_\_  
(Please print) (Please print)

Address: \_\_\_\_\_

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY**

**PLEASE RETURN FORM AND VOIDED CHECK TO:**

**ATLANTIC COMMUNITY MANAGEMENT  
5520 GREENWICH ROAD, SUITE 201  
VIRGINIA BEACH, VA 23462**