

<u>ACH START MONTH</u>

AUTHORIZATION FOR DIRECT DEBIT
ASSOCIATION NAME: _____

SECTION 1 CUSTOMER INFORMATION

NAME		
ADDRESS (Street, route, P.O. Box)		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER ()		ASSOCIATION NAME

I hereby authorize **Shew Community Management, Inc.** to debit funds from the account at the FINANCIAL INSTITUTION designated below. I understand that this debit will occur on or about the 1st business day following the due date of the monthly association fee. This authorization will remain in effect until I initiate, in writing, a stop action request in such time and in such manner as to allow Shew Management a reasonable opportunity to act upon it. I agree to notify Shew Management if I wish to change the designated FINANCIAL INSTITUTION or account from which the funds are to be debited from at least 30 days prior to the effective date of such change. I understand that failure to do so may delay Shew Management's receipt of funds and that I will be responsible for any resulting late fees or returned item fees.

SIGNATURE	DATE
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SECTION 2 FINANCIAL INSTITUTION INFORMATION

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	TYPE OF DEPOSIT ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/>
	BANK ACCOUNT NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

A VOIDED, BLANK CHECK MUST ACCOMPANY THIS AUTHORIZATION

YOU CAN FAX YOUR FORM AND VOIDED CHECK TO: 610-430-8160