

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
ELECTRONIC PAYMENT PROGRAM**

ASSOCIATION NAME: _____

ASSOCIATION ID: _____

I (We) hereby authorize _____ (Association Name) hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below, and the bank depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

(1) DEPOSITORY NAME _____ BRANCH _____ CITY _____

(2) TRANSIT/ABA # _____ (3) ACCT. # _____
(Contact your bank for this number)

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 in such manner as to afford COMPANY a reasonable opportunity to act upon the request. I further understand that payments will be deducted on the first of the month in which the assessment is due.

NAME(S) _____

ON-SITE ADDRESS(ES) _____

MAILING ADDRESS _____

DATE _____ SIGNATURE _____

DATE _____ SIGNATURE _____

******* PLEASE ATTACH A VOIDED CHECK *******

****Deduction begins the first of the month about four (4) weeks from receipt of this authorization. You will receive a confirmation letter the week prior to the effective date.** Continue to mail in your payments until you receive the letter of confirmation!**

****Any items not completed may result in the return of your request.**

****You may call (703)532-5005, Ext. 35 with any questions.**

****Please provide your current phone numbers:**

Office: _____ Home: _____

****Return to: Direct Debit Administrator
c/o KPA Management
6400 Arlington Boulevard, Suite 700
Falls Church, VA 22042**