

Rules for Direct Debit Program
(08/15/2016)

By signing this form, you are agreeing to the rules of this program.

1. Please continue to mail in your payments until you receive a letter confirming the activation of your electronic program.
2. Forms must be received at Klingbeil, Powell & Alrutz, Inc. by the 10th of the month to be processed for a start date beginning the first of the following month.
3. You must attach a voided check from a checking account in order to participate in the program.
- 4. The routing and account number on the voided check must match the routing and account numbers written on the form.**
5. If you elect for the payment to be taken from a savings account, a letter from your Financial Institution providing the Routing and Transit number and Account Number must be submitted.
- 6. Enrollment will not be accepted if there is an outstanding balance on your account.**
7. If payment is returned two times for any reason in succession, or, three times in any given calendar year, your enrollment in the Direct Debit Program may be terminated.
8. KPA must be notified in writing, 10 business days prior to the end of the month to discontinue the electronic payment from your account. This request may be faxed to (703)-532-5098, attn: Direct Debit Administrator or emailed to jngo@kpamgmt.com.
9. If you would like to change the authorized Bank Account on file, you will need to complete a new enrollment form, going through the process described in item 1-3 above. Requests received at Klingbeil, Powell & Alrutz, Inc. on or before the 10th of the month will be reflected the next month.
10. Klingbeil, Powell & Alrutz, Inc. will only deduct the amount of your Association Assessment.

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

ASSOCIATION NAME: _____

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) BANK NAME _____

(2) ROUTING # _____ (3) ACCT. # _____

(4) MONTH TO START AUTO DRAFT _____

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 _____

Please See Direct Debit Rules before signing this agreement!

DATE _____ SIGNATURE _____

DATE _____ SIGNATURE _____

***** PLEASE ATTACH A VOIDED CHECK FOR THE ACCOUNT YOU WISH TO DEBIT *****

****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. 135 with any questions.**

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

Phone: _____ Email: _____

****Return to: Direct Debit Administrator
c/o KPA Management
6402 Arlington Boulevard, Suite 700
Falls Church, VA 22042**

Acct# _____