CDC Management Services, LLC

A Division of The Management Trust

Direct Debit Authorization

STEP #1: SELECT TYPE ☐ New Authorization ☐ Change ☐ Cancel

STEP #2: WRITE IN START DATE (MM/YY): _____

COMPLETED FORM MUST BE RECEIVED NO LATER THAN THE 25TH OF THE MONTH FOR TRANSACTIONS TO BE EFFECTIVE FOR THE NEXT MONTH'S WITHDRAWAL!!!! IF YOU HAVE ANY QUESTIONS REGARDING START DATES, PLEASE CONTACT ACCOUNTING AT 425/897-3400!

STEP #3: FILL IN INFORMATION

HOA/Condo Name:	HOA/Condo Account #:
Bank Name:	
Bank Account Number:	Bank Routing Number:
Owner Name 1:	
Owner Name 2:	
Home/Condo Address:	
City:	State: Zip:
Email Address:	
Home Phone:	Work Phone:

NOTE: DEBITS WILL BE DONE ON OR ABOUT THE TENTH (10TH) DAY OF THE MONTH
THE DIRECT DEBIT PROGRAM ONLY COVERS RECURRING CHARGES SUCH AS DUES
(NOT VARIABLE CHARGES BASED ON USAGE, OR ONE-TIME CHARGES, [IE, FINES, LATE FEES, ETC]).

I (we) hereby authorize the designated signers of CDC Management Services, Inc. as managing agent for the owners association shown above ("Association") to initiate, change, or cancel debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated and the depository named ("Depository") to debit and or credit the same to such account. **This authority is to remain in full force until the Association has received written notification from me (or either of us) of its termination no less than ten (10) days from billing date.**

STEP #4: OWNER SIGNATURE/S

_____	_____	_____
Owner #1 Signature	Owner Name (Please Print)	Date
_____	_____	_____
Owner #2 Signature	Owner Name (Please Print)	Date

STEP #5: ATTACH A VOIDED CHECK HERE FOR NEW/CHANGE ONLY!
NEW AUTHORIZATIONS AND CHANGES WILL NOT BE PROCESSED WITHOUT A VOIDED CHECK (VOIDED CHECKS ONLY, PLEASE – NO DEPOSIT SLIPS).

STEP #6: MAIL YOUR COMPLETED FORM TO:
CDC MANAGEMENT SERVICES
11211 SLATER AVE NE, STE 200, KIRKLAND, WA 98033