



## **DIRECT DEBIT PAYMENT AUTHORIZATION AGREEMENT**

- This enrollment form must be received at CYC Realty Management by the twentieth (20th) day of the month proceeding the month you wish to start direct debit. You will be notified if the direct debit process for your account was not satisfactory.
- CYC Realty Management will request the transfer of direct debit funds once a month or quarterly if your association assessment is paid quarterly.
- CYC Realty Management will be authorized to debit funds from my checking account for deposit into the Association's account on the first (1st) business day of the month.
- The amount debited from my account will equal the current regular association assessment and may include parking, violation fees and special assessment if applicable.
- I am completely responsible for notifying CYC Realty Management in writing, by the twentieth (20th) of the preceding month, of any changes to my account (i.e. change of bank, accounts, or resale). Failure to notify CYC Realty Management by the twentieth (20th) of the preceding month may result in funds being withdrawn in the following month. Any charges caused by this debiting and failure to notify CYC Realty Management will be the sole responsibility of the homeowner.
- Changes to ACH information can be made through our online owner portal, CondoCafe. To register, visit Resident Resources and fill out the form under Online Payments.
- A homeowner with a direct debit that is not honored by your bank will be responsible for making up that payment (including NSF charges). Currently the NSF fee is \$25.00.
- A bank charge incurred as a result of a direct debit return will be added to your account.
- I (We) authorize CYC Realty Management to initiate debit entries to my (our) checking account as indicated below and the financial institution listed below to debit same account.

Routing Number: \_\_\_\_\_ Checking/Savings Account Number: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Confirm Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**This authorization is to remain in full force and effect until CYC Realty Management receives written notification from me (us) or the association of its termination.**

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

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

Association Name: \_\_\_\_\_ Association Account Number: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

New Form:  Updated Form:

**PLEASE RETURN THIS COMPLETED FORM BY EMAIL TO AR@CYCREALTY.COM**