

**PLEASE RETURN BY
THE 15th TO START
WITH YOUR NEXT
MONTH'S ASSESSMENT**

**GHA COMMUNITY MANAGEMENT LLC.
3020 HAMAKER COURT, SUITE 300
FAIRFAX, VA 22031
703.752.8300/fax 703.876.9594**

ACH PAYMENT AUTHORIZATION FORM

GHA Community Management is pleased to offer you the convenient option of using the ACH transfer of funds method to make your assessment payments. Authorization allows automatic payment of your assessment from a banking institution of your choice to be credited directly to the Association's account. This provides a convenient method for ensuring payments of your assessment and you will not have to take the time to write/mail a check, you can save money on postage, and all your payments will be made in a timely fashion, thus avoiding any late charges to your account.

To initiate participation, please complete this *ACH Payment Authorization Form*, attach a voided check from your designated bank account, and mail them to the letterhead address. The assessment amount will be taken out of your account on the date your assessment is due (1st of each month, quarter, etc). ***You are responsible for all assessments on your account until your first assessment payment is taken out of your bank account.***

If you have any questions, please call GHA Community Management at 703.752.8300. Authorized ACH forms with attached voided checks can also be faxed to 703.876.9594 or emailed to contact@ghacm.com.

GHA Community Management agrees to provide ACH Direct Debit Service to the customer indicated below provided the customer signs the agreement which authorizes GHACM to initiate debit entries to customers bank account indicated below for association dues.

APPLICATION TYPE (Circle One):

NEW APPLICATION

BANK CHANGE

OWNER NAME _____

ASSOCIATION NAME _____

ADDRESS _____

PHONE NUMBER _____ / _____ (HOME) _____ / _____ (OFFICE)

EMAIL ADDRESS _____

This authority is to remain in full force and effect until GHA Community Management has received written notification from me of its termination in such time and manner as to afford GHA Community Management and my chosen designated bank a reasonable opportunity to act on it.

SIGNATURE

DATE

** A VOIDED CHECK MUST BE ATTACHED IN ORDER FOR THIS APPLICATION TO BE PROCESSED **		
FINANCIAL INSTITUTION _____		
TRANSIT ROUTING NUMBER (9-digit number on bottom of check) _____		
BANK ACCOUNT NUMBER _____		
ACCOUNT TYPE (Circle One)	SAVINGS	CHECKING

Please note there is a service charge for any payment returned for insufficient funds or closed account. If two payments are returned within a 12-month period, the service shall be stopped and you will be responsible for making all future payments by another manner. GHA Community Management reserves the right to reject and/or revoke participation in the ACH Program at any time.