

**PLEASE RETURN BY  
THE 15<sup>th</sup> 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 (1<sup>st</sup> 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](mailto: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.