



Dear Owner(s):

Comsorce is now making available Direct Debit electronic payment for homeowner's dues. The eighth day of each month will be the day of debit from your checking or savings account. After receiving and processing your completed Direct Debit form, Comsource will formally advise you in writing of the date your direct debit will begin. Until you receive from Comsource a **NOTICE OF DIRECT DEBIT IMPLEMENTATION**, you should continue to pay your monthly homeowners dues as you have in the past.

If you are interested in using this service, which will result in a cost savings for your association, please complete the accompanying **Authorization Agreement for Direct Payments (ACH Debits)** and return that form to Comsource, Attn: **AMBER**.

Please ask your bank for its Routing Number-- or send us a voided check--to ensure the accuracy of the transaction.

The Direct Debit form need only to be signed by any one homeowner for his/her/their checking or savings account.

**Sent payments to:  
Comsource  
Attn: Amber Finnigan  
3414 Morningwood Drive  
Olney, MD 20832**

Thank you,

Comsorce



**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

This form which is required by the Electronic Fund Transfer Act (15 USC 1693), authorizes your condominium or homeowners association to collect your monthly dues from your checking or savings account.		
ASSOCIATION NAME		ASSOCIATION TIN NUMBER
I (We) hereby authorize <b>Comsource</b> hereinafter called ASSOCIATION, to initiate debit entries to my (our) checking account or savings account indicated below at the depository (financial institution) named below, hereinafter called DEPOSITORY, to debit the same to such account.		
DEPOSITORY NAME (Your Bank)		DEPOSITORY BRANCH (Your Bank Branch)
CITY (Of Your Bank)	STATE (Of Your Bank)	ZIP CODE (Of Your Bank)
ROUTING NUMBER (Ask Your Bank)		ACCOUNT NUMBER (Of Your Account) Checking [ ] Savings [ ]
This authorization 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 [in writing] as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.		
NAME(S) Please Print		NAME(S) Please Print
DATE	SIGNED	SIGNED
Your <b>PROPERTY</b> address:		Your Daytime Telephone Number: Home [ ] Work [ ]
NOTE: This written authorization to affect a debit on a recurring basis may only be canceled <b>in writing</b> by any one of the persons who have signed above.		

Please return to: Attn: Amber Finnigan  
Comsource  
3414 Morningwood Drive  
Olney, MD 20832  
Or fax to: 301-924-7340

**MUST BE RECEIVED BY THE 20TH OF THE CURRENT MONTH IN ORDER TO BE EFFECTIVE FOR THE NEXT MONTHS FEE. HOWEVER, PLEASE CONTINUE MAKING PAYMENTS ON YOUR ACCOUNT UNTIL YOU RECEIVE CONFIRMATION THAT YOUR DIRECT DEBIT HAS STARTED.**