



## Authorization for Direct Payment via ACH (ACH Debit) by Key Community Management

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment. This option is available for assessments that are billed monthly or quarterly only. Please allow 15 days for your request to be implemented. If you have any questions, please email [info@keycmi.com](mailto:info@keycmi.com) or call 704-321-1556.

Community Name \_\_\_\_\_  
Property Street Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

I (we) authorize Key Community Management to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits<sup>1</sup>) as follows:

Select One:

Checking Account       Savings Account

at the depository financial institution named below (“DEPOSITORY”). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name \_\_\_\_\_

Amount of debit(s) equals the monthly or quarterly assessment amount for the current calendar year for the association of which I am a member. The debit will be processed the first business day of each month.

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing at [info@keycmi.com](mailto:info@keycmi.com) or 1201 Stallings Road, Matthews, NC 28104, that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 30 days prior notice in order to cancel this authorization.<sup>2</sup>

<sup>1</sup>  
The NACHA Operating Rules do not require the consumer’s express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors.

<sup>2</sup>  
Written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The reference to notification should be filled with a statement of the time and manner that notification must be given in order to provide company a reasonable opportunity to act on it (e.g., “In writing by mail to 100 Main Street, Anytown, NY that is received at least three (3) days prior to the proposed effective date of the termination of authorization”).

Name(s) (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Name(s) (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please include a copy of a voided check with this completed form.**

Submit your form by emailing [info@keycmi.com](mailto:info@keycmi.com) or mailing to our office at:

Key Community Management  
1201 Stallings Road  
Matthews, NC 28104

Thank you,

Key Community Management, Inc.