

Community Associations Management at OIB, Inc.

PO Box 8126
Ocean Isle Beach, NC 28469
910-579-5163
cam@camoib.com

RE: ACH Collections

Your association offers automatic draft for your payments; this is a free service. If you are interested in having your payments drafted in accordance with your association's schedule, complete the lower section of this letter and return it with a voided check. Please verify account numbers and routing numbers with your bank.

Drafts are taken on the 5th day of each month/or quarterly (Jan./April/July/Oct.) per your Association dues schedule. Once the draft process is in place, you will need to notify CAM at OIB in writing that you wish to cease having your payments drafted.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH DEBITS)

Company Name – Community Associations Management, Inc.

I hereby authorize Community Associations Management, Inc. to initiate debit entries to my ___ Checking Account ___ Savings Account (**select one**) indicated below at the depository financial institution named below, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

Bank Name _____ State _____

Routing # _____ Account # _____

Name (please print) _____

Association Name _____

Amount to be drafted \$ _____

Draft frequency ___ Monthly ___ Quarterly ___ Bi-Annually ___ Annually

Month to begin drafts: _____

Property Address _____

Phone _____

Signature _____ Date _____