

**CDM Management**  
**Auto Debit Payment Option Form**  
**(Also known as ACH Payments)**

I authorize CDM Management, as managing agent for the \_\_\_\_\_ Homeowners Association, Inc., to automatically debit my:      (  ) checking      (  ) savings account

Bank Account # \_\_\_\_\_

Routing Number \_\_\_\_\_

Financial Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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I understand that this authorization will be in effect until I notify CDM Management in writing that I no longer desire this service, allowing CDM Management reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

**THIS AUTHORIZATION IS NONNEGOTIABLE AND NONTRANSFERABLE**

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Association Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send completed form to:  
CDM Management  
Attn: Carole Clifton  
3650 South Pointe Circle, Suite 201  
Laughlin, NV 89029