

Owner/Property Specific Information

Property Address: _____

Community Association: _____

Property Account Number: R _____

Month to begin withdraw: _____

Banking Institution Specific Information:

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS	
(ACH DEBITS)	
I (we) hereby authorize CiraConnect L.L.C., hereinafter called COMPANY, to initiate debit entries to my (our) <input type="radio"/> Checking Account / <input type="radio"/> Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the purpose of collecting assessments for my community association. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.	
Depository	
Name: _____	Branch: _____
City: _____	State: _____ Zip: _____
Routing	Account
Number: _____ (9 digits)	Number: _____ This
authorization is to remain in full force and effect until COMPANY has received written notification for me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.	
Name1: _____	Individual ID Number: _____
Name2: _____	(to be completed by Company)
Signature1: _____	Date: _____
Signature2: _____	Date: _____

Note: Please attach a VOIDED CHECK for the account that will be debited.

Please scan and email to service@ciramail.com or mail to:
CiraConnect
PO Box 803555
Dallas, TX 75380-3555