

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS
(ACH DEBITS)
COMMUNITY PARTNERS OF VA, INC.**

I (we) hereby authorize, to initiate debit entries, and if necessary, credit entries and adjustments for debit entries in error, to my (our): ____Checking ____Savings account and financial institution as provided on the enclosed voided check.

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 as to afford **Company** and **Financial Institution** named below a reasonable opportunity to act on it. If you wish to have funds withdrawn for the following month, the completed form must be in our office by the 25th. If we receive the form after this date, the ACH will begin the subsequent month. Please provide an email address below so we can confirm with you when your ACH will begin.

COMMUNITY NAME: _____

PROPERTY ADDRESS: _____

OWNER NAME (S): _____
Please Print

DATE _____

SIGNED: _____

***SIGNED:** _____

***Two signatures required for accounts in joint names.**

EMAIL ADDRESS: _____

**You must attach a voided check for the account from which you wish
your automatic payments to be made.**

**Mail To:
Accounting Department
Community Partners of Virginia, Inc.
812 Moorefield Park Drive
Suite 102
North Chesterfield, VA 23236**