



AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

I (we) hereby authorize CCMC hereinafter called Company, to initiate debit entries to my (our) Bank account indicated below at the depository named below, hereinafter called Depository, to debit the same to such account.

Depository Name:

CCMC as Agent of the Association
8360 E Via de Ventura, Ste 100 Bldg L
Scottsdale, Arizona 85258-3172
(866) 244-2262

The authorization is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

I wish to:

- Establish a new Direct Debit Account
- Change the bank account my debits are drawn on
- Cancel my Direct Debit Account

Association Name: _____

Association Account #: _____ Start Date: _____

Association Account #: _____ Start Date: _____

Name(s): _____
Please Print Please Print

Email Address: _____

Specify Checking or Savings

Routing #: _____ Account #: _____

Signed: X _____ X _____

PLEASE ATTACH A VOID CHECK (NOT DEPOSIT TICKET) & RETURN TO:
CCMC
8360 E VIA DE VENTURA STE 100 BLDG L
SCOTTSDALE, ARIZONA 85258-3172

Note: All written debit authorizations MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

FOREIGN BANK ACCOUNTS ARE NOT ELIGIBLE FOR THIS PROGRAM.