

Direct Payment Authorization Form

DIRECT PAYMENT AUTHORIZATION One Account

I (we) hereby authorize **A.R. Choice Management, Inc.**, hereinafter called "Company", to initiate debit entries and, if necessary, debit correction and adjustment entries to my(our) account at the financial institution listed below.

Bank Name _____

Routing Number _____

Account Number _____

Payment Amount\$ _____

Deduction Start Date _____

This authority is to remain in full force and effect until "Company" has received written notification from the recipient of its termination in such a time and manner as to afford "Company" a reasonable time to act upon it.

Signature _____

Printed Name _____

Date _____

Community Association Name: _____

Home/Unit Address _____

Please attach a voided check or financial institution account verification letter to this form.

RETURN THIS FORM TO:

**A.R. Choice Management, Inc.
100 Vista Royale Blvd.
Vero Beach, FL 32962**

(To avoid delay in processing, **DO NOT** send along with payments.)