

**MYOMA WOODS**

**DIRECT DEBIT PAYMENT AUTHORIZATION FORM (ACH)**

Resident's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

I authorize Custom Community Management, hereinafter called COMPANY, to initiate debit entries to my (  ) **Checking** (  ) **Savings** account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY. Also, if necessary, initiate adjustments for any transactions debited in error.

Depository  
Bank Name \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Routing/Transit Number \_\_\_\_\_ Account No. \_\_\_\_\_

**Monthly Payment of Dues**

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

Resident Name (please print): \_\_\_\_\_

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN AUTHORIZATIONS MUST BE REVOKED ONLY BY NOTIFYING THE ORIGINATOR (COMPANY) IN WRITING NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE.**

**A VOIDED CHECK MUST BE ATTACHED TO THIS FORM.**

Please return this Form and your Voided Check to:  
Custom Community Management Co.  
P.O. Box 2225  
Cranberry Township, PA 16066

Forms may also be sent via email to Chrissy Senft ([chrissy@cranberrypm.com](mailto:chrissy@cranberrypm.com)).  
Enrollment form must be received in our office on or prior to the 20<sup>th</sup> day of the month to become effective for the following month.