

AUTHORIZATION AGREEMENT FOR SUREPAY (ACH DEBITS)

FOR: Capital Consultants Management Corporation

I (we) hereby authorize Capital Consultants Management Corporation (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
(480) 921-7500 or (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 Surepay Account
- Change the bank account my Surepay debit are drawn on
- Cancel my Surepay Account

Association Name: _____

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 CHECKING ACCOUNTS NOT ELIGIBLE FOR THIS PROGRAM.**