

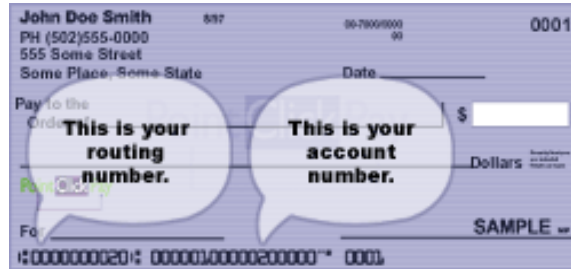
**AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS  
(DIRECT DEBIT)**

I (We) hereby authorize Derwood Station HOA No.2, herein after called COMPANY, to initiate debit entries and/or correction entries to our (select one):

- Checking Account
- Savings Account

Indicated below to the depository (bank) named below, herein after called DEPOSITORY in the amount of:

- Current HOA/Condo Fee  
(This will be adjusted as necessary in future years if the fee changes)



\_\_\_\_\_  
Depository (Bank) Name

\_\_\_\_\_  
Bank Transit/Routing Number

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Bank Account Number

PLEASE ATTACH A VOIDED CHECK OR BANK NOTE SHOWING THE ACCOUNT NUMBER AND ABA NUMBER. DO NOT ATTACH A DEPOSIT SLIP.

DEBITS OCCUR ON THE 10<sup>TH</sup> OF THE MONTH.

**Note: Returned debits will be subject to a \$30.00 NSF fee.**

This authorization is to remain in full force 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 DEPOSITORY reasonable opportunity to act upon it.

\_\_\_\_\_  
Homeowner Name(s)

\_\_\_\_\_  
Property Address/Account #

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address (if different)

\_\_\_\_\_  
**Start Date for Direct Withdrawal**

**Please continue making payments on your account by mail  
until you receive confirmation that your direct debit has started**

Please return this form with your voided check to  
**20440 CENTURY BLVD, SUITE 100, GERMANTOWN, MARYLAND 20874**  
**Fax 301-948-6984 e-mail [tmgainc@tmgainc.com](mailto:tmgainc@tmgainc.com)**