

**PLEASE RETURN BY  
THE 15<sup>th</sup> TO START  
WITH YOUR NEXT  
MONTH'S ASSESSMENT**

**GHA CONDOMINIUM MANAGEMENT LLC.  
3020 HAMAKER COURT, SUITE 300  
FAIRFAX, VA 22031  
703.752.8300/fax 202-207-9875**

**ACH PAYMENT AUTHORIZATION FORM**

GHA Condominium Management LLC. is pleased to offer you the option of using the ACH transfer of funds method to make your assessment payments. This allows automatic payment of your assessment from a banking institution of your choice to be credited directly to the Association's account. This way you will not have to remember when to make a payment, you will not have to take the time to write and mail a check, you can save money on postage, and all your payments will be made in a timely fashion, thus avoiding any late charges to your account.

To initiate participation, please complete this *ACH Payment Authorization Form*, attach a voided check from your designated bank account, and mail them to the letterhead address. The assessment amount will be taken out of your account during the FIRST WEEK of each month. ***You are responsible for all assessments on your account until your first assessment payment is taken out of your bank account.***

If you have any questions, please call GHA Condominium Management LLC. at 703.752.8300. Authorized ACH forms with attached voided checks can also be faxed to 202-207-9875.

\*\*\*\*\*  
\*\*\*\*

I hereby authorize GHA Condominium Management LLC. to initiate debit entries to my bank account indicated below and the financial institution named below to debit the same to such account for association dues.

**APPLICATION TYPE (Circle One)                      NEW APPLICATION                      BANK CHANGE ONLY**

NAME \_\_\_\_\_

ASSOCIATION NAME \_\_\_\_\_

ADDRESS OF UNIT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ / \_\_\_\_\_ (HOME) \_\_\_\_\_ / \_\_\_\_\_ (OFFICE)

EMAIL ADDRESS \_\_\_\_\_

This authority is to remain in full force and effect until GHA Condominium Management LLC. has received written notification from me of its termination in such time and manner as to afford GHA Condominium Management LLC. and my chosen designated bank a reasonable opportunity to act on it.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

<b><u>**THIS BOX MUST BE FULLY COMPLETED &amp; A VOIDED CHECK MUST BE ATTACHED**</u></b>		
FINANCIAL INSTITUTION _____		
TRANSIT ROUTING NUMBER (9-digit number on bottom of check) _____		
BANK ACCOUNT NUMBER _____		
ACCOUNT TYPE (Circle One)	SAVINGS	CHECKING

Please note there is a service charge for any payment returned for insufficient funds or closed account. If two payments are returned within a 12-month period, the service shall be stopped and you will be responsible for making all future payments by another manner. GHA Condominium Management LLC. reserves the right to reject and/or revoke participation in the ACH Program at any time.