

Rules for Direct Debit Program

By signing this form, you are agreeing to the rules of this program.

1. Please continue to mail in your payments until you receive a letter or email confirming the activation of your electronic program.
2. Forms must be received at KPA Management by the 20th of the month to be processed for a start date beginning the first of the following month.
3. You must attach a voided check from a checking account in order to participate in the program.
4. If you elect for the payment to be taken from a savings account, a letter from your Financial Institution providing the Routing and Transit number and Account Number must be submitted.
5. If payment is returned two times for any reason in succession, or, three times in any given calendar year, your enrollment in the Direct Debit Program may be terminated.
6. KPA Management must be notified in writing, 10 business days prior to the end of the month to discontinue the electronic payment from your account. This request may be faxed to (703)-532-5098, Attn: Direct Debit Administrator, or emailed to amiller@kpamgmt.com.
7. If you would like to change the authorized Bank Account on file, you will need to complete a new enrollment form, going through the process described in item 1-3 above. Requests received at Klingbeil, Powell & Alrutz, Inc. on or before the 10th of the month will be reflected the next month.
8. KPA Management will only deduct the amount of your Association Assessment(s).
9. There must be a zero balance on your account before the program can take effect.

KPA Management Direct Debit Form

Sign up to automatically pay your Condo/ HOA payment from your checking or savings account at any U.S. financial institution.

To enroll by U.S. Mail or E-mail – Complete the authorization form and attach a voided check.

**Mail form to: KPA Management Inc.
c/o Direct Debit Administrator
6402 Arlington Blvd, Suite 700
Falls Church, VA 22042**

Email form to: Amiller@kpamgmt.com

<u>Homeowner Information:</u>	Dues are paid:	Draft Date
Homeowner Unit Number: _____	Monthly	1 st
Property Owner Name(s): _____	Quarterly	
Bank Account Owner Name(s): _____	Semi Annual	
Email Address: _____	Annual	
Phone Number: _____		
Mailing Address: _____		
City: _____ State: _____ Zip: _____		

<u>Banking Information:</u>	New <input type="checkbox"/>	Change <input type="checkbox"/>	Cancel <input type="checkbox"/>
Name of Financial Institution: _____	Bank Account Type: ___ Checking ___ Savings		
Bank Routing Number: _____	Bank Account Number: _____		
Direct Debit Start Date: ___/___/_____			
I authorize KPA Management to initiate entries from my checking/ savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it.			
Authorized Signature(s) _____			Date _____

Important Information:

- By returning the Direct Debit form, you will authorize KPA Management to collect your payments automatically, saving you time and money.
- Association payments are drafted on the first of each month unless otherwise informed. If your date falls on a weekend, the payment will be drafted on the next business day.
- Direct Debit forms must be received by the 20th of the current month in order to be in effect for the next scheduled payment.
- Payments can only be drafted from a U.S Bank or Credit Union.
- If the assessment amount increases or decreases, the new amount will be updated automatically.

If you have any questions, please contact Angie Miller at Amiller@kpamgmt.com