

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFTS  
(ACH DEBITS)**

**NOTE: VOIDED CHECK MUST BE ATTACHED TO PROCESS THIS FORM**

I hereby authorize Paragon Management Group, Inc. hereinafter called "Company," to initiate debit entries to my  **Checking Account** or  **Savings Account** (select one) indicated below at the depository financial institution named below, hereinafter called "Depository," and to debit the same to such account for the purpose of collecting assessments for my community association. I understand that this debit will occur on 5th of each month, or the next banking business day in which assessment payments are due. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States law.

**I further authorize Paragon Management Group, Inc. to initiate debit entries to my account upon receiving this form to bring my account current for any previously incurred fees.**

**Add Automatic Draft** or  **Change Existing Draft**

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number (9 digits): \_\_\_\_\_ Account Number: \_\_\_\_\_

This authorization is to 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.

Association Name

\_\_\_\_\_

Property Address

\_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
(Please print)

Phone number: \_\_\_\_\_

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

**NOTE: VOIDED CHECK MUST BE ATTACHED TO PROCESS THIS FORM**

**PLEASE RETURN FORM AND VOIDED CHECK TO:**

Paragon Management Group, Inc.  
5151 Jefferson Blvd Suite 103  
Louisville KY 40219  
Ph: 502-451-0485

**Management Company Use Only**

Homeowner Account Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_