AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFTS (ACH DEBITS)

NOTE: VOIDED CHECK MUST BE ATTACHED TO PROCESS THIS FORM

I hereby authorize Paragon Management Group, hereinafter called "Company," to initiate debit entries to my Checking Account or SavingsAccount (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 billing period, 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 to initiate debit entries to my account upon receiving this form to bring my account current for any previously incurred fees.	
Depository Name:	Branch:
City:	
Routing Number (9 digits):	Account Number:
	ffect until Company has received written notification from me of its ord Company and Depository a reasonable opportunity to act on it.
Association Name:	
Property Address:	
Name: (please print):	
Mobile number:	Home number:
Email:	
Signature:	Date:
NOTE: VOIDED CHECK MUST	Γ BE ATTACHED TO PROCESS THIS FORM
PLEASE RETURN FORM & VOIDED CHECK TO:	OR BY EMAIL: ach@paragonky.com or Hema@pargonky.com
Paragon Management Group 5151 Jefferson Blvd Suite 102 Louisville KY 40219	WARNING: Computer viruses may be transmitted via email. E-mail transmission cannot be guaranteed to be secure or error-free. Information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. Accordingly, Paragon Management Group does not accept liability for any interception, errors or omissions in the contents of this message that arise as a result of e-mail transmission.
Management Company Use Only	
Date Entered:	