

THE CRAWFORD CONDOMINIUM ASSOCIATION, INC.

c/o The Select Group, Inc. 2224 Virginia Beach Blvd., Suite 201 Virginia Beach, VA 23454 email: <u>LSUJETA@theselectgroup.us</u>

ACH ENROLLMENT FORM

| SELECT ACCT # | |
|------------------|--|
| NAME: | |
| UNIT ADDRESS: | |
| | |
| MAILING ADDRESS: | |
| | |
| E-MAIL: | |
| BANK NAME: | |
| BANK ROUTING # | |
| BANK ACCOUNT # | |

I, the above owner, authorize The Select Group, Inc. (on behalf of The Crawford Condominium Association, Inc.) to automatically debit the account referenced on or about the fifth (5th) of each month for the purpose of paying my assessment(s). Month I request ACH to become effective ______.

The amount deducted from my account will be the monthly budgeted amount (per unit) based on the adoption of any new or revised budget(s) by The Crawford Condominium Association Board of Directors.

I understand that this agreement will remain in effect unless thirty (30) days written notice (certified mail, return receipt) is given to The Select Group, Inc. discontinuing my participation in this program.