



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Homeowner(s) Name: _____

Phone number: (____) _____ - _____ Email Address: _____

Property Address: _____

Association Name: _____

Association Account Number (found on monthly statement): _____ - _____

I (We) hereby authorize _____, Hereinafter called ASSOCIATION, to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the Quarterly Assessment to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

This authorization is to remain in full force and effect until ASSOCIATION has received written notification from me (or either of us) of its termination in such time and in such manner as to afford ASSOCIATION and DEPOSITORY a reasonable opportunity to act on it.

Depository Name: _____

Routing Number: _____

Account Number: _____

***PLEASE PROVIDE A VOIDED CHECK ALONG WITH THIS FORM**

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Signature: _____ **Date:** _____

Internal Use Only:		
Circle completed items:	Voided Check	Account Current
	Assessment	Full Balance
	Monthly	Quarterly
Account Number: _____ Completed by: _____		