

ACH DEBIT AUTHORIZATION

I (we) hereby authorize _____ PRINT COMMUNITY NAME HERE hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for association dues. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Association payments are debited on the **5th business day of each month.**

PLEASE NOTE: All fields below must be completed to ensure proper application of payment.

Bank/Financial Institution Name

Type of Acct: ___ Checking ___ Savings

Bank/Financial Institution Routing Number

Bank Account Number

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to effect change.

Association Name

Homeowner Account Number

Property Address

Print Individual Name

Signature

Date