

AUTOMATIC CLEARING HOUSE AUTHORIZATION

PROPERTY NAME: _____ SLIP/UNIT #: _____

HOMEOWNER NAME(S): _____

I hereby authorize the above-named Association to draft the necessary homeowner's dues from my _____ checking or _____ savings account. Any past due amounts will be paid by the homeowner separately.

I understand that, if necessary, an adjusting debit or credit entry may be made to correct an entry made in error. I also authorize the financial institution named below to credit and or debit the same such account for the correcting entries. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

ACCOUNT INFORMATION:

NAME OF BANK: _____

ACCOUNT NAME(S): _____

BANK ROUTING #: _____ ACCOUNT #: _____

This authority will remain in full force and effect until such time as the above-named association has received written notification from me, or my legal representative, of its termination, or I have received from the Association or its legal representatives, that the plan has terminated. It is further provided that written notification of termination, by either party, shall be provided in such time and manner as to afford either party reasonable opportunity to act on it.

ATTACH A VOIDED CHECK HERE

Account owner signature & Phone #

Date

Joint account owner signature

Date

Draft dates: Monthly - 10th of each month or next business day
Quarterly - 10th of the 1st month of each qtr or the next business day