

## DEBIT AUTHORIZATION FORM

I (we) hereby authorize **KEMPTON PARK OWNERS ASSOCIATION** or its agent to initiate debit entries to my checking/savings account(s) at the financial institution listed below and if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until **KEMPTON PARK OWNERS ASSOCIATION** is notified by me (us) to cancel it in such time as to afford **KEMPTON PARK OWNERS ASSOCIATION** and the financial institution a reasonable opportunity to act on it.

I acknowledge my right to receive prior notice of any debit entry which varies from the approved monthly/quarterly/semi-annual/annual association fee debit entry in any amount.

\_\_\_\_\_  
NAME OF PROPERTY OWNER'S FINANCIAL INSTITUTION OR BANK

\_\_\_\_\_  
ADDRESS OF FINANCIAL INSTITUTION – BRANCH, CITY, STATE, & ZIP

X

\_\_\_\_\_  
PROPERTY OWNER(S) SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF PROPERTY OWNER(S) – PLEASE PRINT

\_\_\_\_\_  
PROPERTY ADDRESS – PLEASE PRINT

\_\_\_\_\_  
MAILING ADDRESS (IF OTHER THAN PROPERTY ADDRESS) – PLEASE PRINT

If this authorization is received by **KEMPTON PARK OWNERS ASSOCIATION** prior to the **20<sup>TH</sup>** of the **current month** the first draft will occur on \_\_\_\_\_ (month) 20\_\_\_\_. Each payment thereafter will occur on the **2<sup>nd</sup> day of the month in which payment is due** unless the 2<sup>nd</sup> should fall on a weekend or bank holiday. In that instance, the payment will be drafted on the following business day.

**Account Type (circle one):** CHECKING      or      SAVINGS

BANK ACCOUNT NUMBER (Second Set of Numbers): \_\_\_\_\_

BANK ROUTING NUMBER (First Set of Numbers): \_\_\_\_\_

**PLEASE INCLUDE:**

- 1) Initial Setup Fee of \$10.00 made payable to UPA**
- 2) Voided Check**

**Return this form, payment, and voided check to:**

United Property Associates  
Attn: ACH Division  
525 S. Independence Blvd., Ste. 200  
Virginia Beach, VA 23452  
Fax: (757) 499-7659

**PLEASE DO NOT WRITE BELOW THIS LINE. THE FOLLOWING SECTION IS FOR COMPANY USE ONLY!**

ASSOCIATION NUMBER: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

UNIT NUMBER: \_\_\_\_\_

PER: ☐ Month ☐ Quarter ☐ Semi-annual ☐ Year

RECEIVED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ACCOUNT TYPE: ☐ Checking ☐ Savings

START DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ENTERED BY: \_\_\_\_\_

ON: \_\_\_\_ / \_\_\_\_ / \_\_\_\_