



Lot/Unit #: _____

ACH Authorization Form

Preauthorized Electronic Assessment Payment Services Authorization Card (please print legibly)

Association Name:	Assessment Account #:
Name(s) on Bank Account: Last:	First:
Name(s) on Bank Account: Last:	First:
Daytime Phone Number(s):	Email Address:

I (we) hereby authorize **Management Solutions NW, LLC**, hereinafter referred to as MANAGER, as agent for the association named above to initiate debit entries to my (our) checking/savings account at the depository named below, hereinafter referred to as DEPOSITORY, to debit the same to such account. I (we) understand that debits will be initiated on or just after the 10th of each month that the assessment is due or as allocated in the option selected below.

DEPOSITORY (BANK) NAME: _____

Routing Number:	
Account Number:	

This authority is granted in accordance with the terms and conditions of the MANAGERS Preauthorized Electronic Assessment Payment Service Agreement & Disclosure Statement, below, receipt of which I hereby acknowledge. This authority is to remain in full force and effect until MANAGER has received written notification from me (or either of us) of its termination or changes which must be sent to ACH@ManagementSolutionsNW.com at a minimum of 5 days in advance of requested effective date in such means as to afford MANAGER a reasonable opportunity to act on it.

I/we authorize withdrawals as designated below until such authorization is replaced or cancelled in writing through MANAGER.

Annual Assessment Payments: Balance due deducted the month of _____, annually.

Monthly Assessment Payments: Balance due deducted each month. As annual assessments may be adjusted, the monthly payment shall automatically be adjusted to the new amount due.

Semi-Annual Assessment Payments: Balance due deducted each month that the assessments become due.
Months that semi-annual assessment payments are processed: _____ and _____

Monthly Payment Plan: Balance due deducted each month to pay past due balances or prepay assessments.
Month Payment Amount to be: _____ 1st withdrawal to begin on: _____
Month Year

***Signature Required** _____ **Date** _____

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

Preauthorized Electronic Assessment Payment Service Agreement & Disclosure
 Preauthorized charges to your account will be processed, when due, for the amount of your regular assessment payment or amount indicated above. Payments so collected will be deposited into the checking/savings account of your ASSOCIATION, maintained with their Depository Bank. There may be changes to the assessment amounts and/or due dates in accordance with the ASSOCIATION'S governing documents and applicable statutes including notification requirements of the ACH (Automated Clearing House) rules. We reserve the right to make changes in the agreement at any time. We may cancel Preauthorized Electronic Assessment Payments at any time without cause, or with cause after a 2nd NSF or rejected payment. You may terminate this agreement at any time by giving sufficient written notice to ACH@ManagementSolutionsNW.com or by closing the designated accounts. I understand that once any current regular assessment balance is paid in full that any credit balance created will be applied to subsequent invoices, fees or assessments that may accrue.

To Enroll: Complete and sign; ensure that bank account numbers are legible and correct.

IF POSSIBLE, PLEASE INCLUDE A COPY OF A VOIDED CHECK TO PREVENT PROCESSING ERRORS

FAX: 1-888-620-2842 **EMAIL:** ACH@MANAGEMENTSOLUTIONSNW.COM

MAIL TO: Management Solutions, NW | 17404 Meridian E Ste F PMB 228, Puyallup, WA 98375