



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS OF HOA DUES

Association Name:

Unit Address:

Homeowner Name:

Homeowner Mailing Address:

Phone Number:

Email Address:

Unit Account Number:

Assessment Amount:

Assessment Frequency:

Monthly

Quarterly

Semi-Annual

Annual

Application Type:

New Enrollment

Update Bank Account

Cancel Service

I (we) hereby authorize Team HOA (Company) to initiate debit entries to my bank account indicated below at the financial institution named below, and to debit the same for the purpose of collecting assessments for my community Association. I (we) understand that this debit will occur between the 5th & 10th of each month in which assessment payments are dues. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States Law.

NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO VERIFY BANK INFORMATION

PLEASE RETURN FORM & VOIDED CHECK TO:

TEAM HOA

Email: ACH@teamhoa.com

7127 Hollister Ave Box 25A-333

Goleta, CA 93117

Fax: (805) 562-8672

Bank Name:

Bank Routing Number (9 digits):

Bank Account Number:

This authorization 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 in such manner, as to afford Company and Depository reasonable opportunity to act on it

First Name on Account:

Signature

Date

Second Name on Account (if applicable):

Signature

Date

For Company Use Only:

Date received: _____ Effective Date: _____ Completed by: _____ Date: _____