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Authorization for Automatic Dues Payment (ACH Program)

The undersigned authorizes _____ (**Association Name**) and **US Bank** to initiate entries to my checking/savings account. This authority shall remain in effect until ACT Management, Inc. has received a sixty (60) written notification from me (or either of us for a joint account) of the modification or termination of this Agreement.

Owner Information

Name (*Please Print*): _____
Property Address: _____
Mailing Address: _____
Street: _____
City: _____
State & Zip: _____

Banking Information

Name of Financial Institute: _____
Mailing Address: _____
Street: _____
City: _____
State & Zip: _____

Please write legibly:

Checking Account #: _____
or – Savings Account #: _____
Bank Routing #: _____

On the **5th day** of each month, I authorize _____ (**Association Name**) c/o ACT Management, Inc. to initiate an electronic payment of \$ _____ (**Monthly Dues Amount**) from my checking/savings account and agree to the terms listed above.

Month ACH is to begin: _____

Signature: _____

Date: _____