

Recurring ACH Payment Authorization

You authorize regularly scheduled charges to your checking/savings account. Each billing cycle, you will be charged the amount indicated below. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior notification will be provided unless the date or amount change, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize IRJ Property Management, on behalf of Preston Creekside Homeowners Association to charge my bank account indicated below for \$ _____ on the _____ day of each month.

This payment is for Preston Creekside Homeowner Dues.

Billing Information

Billing Address _____ Phone # _____
City, State, Zip _____ Email _____

Bank Details

Checking Savings

Account Name _____

Bank Name _____

Account Number _____

Routing Number _____

I understand that this authorization will remain in effect until I cancel it in writing, and agree to notify IRJ Property Management, LLC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the payment date falls on a weekend or holiday, I understand the payment may be executed on the next business day. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that IRJ Property Management, LLC may, at its sole discretion, attempt to process the charge again within 30 days and agree to an additional \$10.00 charge for each attempt which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. I certify that I am an authorized user of this bank account and will not dispute these authorized scheduled transactions with my bank.

SIGNATURE

DATE