



ALLIANCE ASSOCIATION MANAGEMENT REQUEST FOR AUTOMATIC PAYMENT OF ASSESSMENTS

Thank you for your interest in Electronic Funds Transfer. In order to process your request we will need a voided check from the account you want debited. The automatic payment process will begin with your next assessment period once we have received your completed form and your voided check.

CUSTOMER AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

I authorize Alliance Association Management and the financial institution listed below to debit my bank account automatically for each association assessment billing period. In order for the requested changes to be made in time for next month's assessment, this form must be received no later than 30 days prior to the next assessment. The electronic funds transfer will usually occur between the 7th – 9th of the month. I understand this authorization will remain in force and effect until I (we) notify Alliance Association Management in writing via mail, email or fax that I wish to revoke this authorization. I understand Alliance Association Management requires at least 30 days notice in order to cancel this authorization. I agree that all transactions that I (we) authorize will comply with all United States law.

CHECKING ACCOUNT/ SAVINGS ACCOUNT (SELECT ONE)
at the depository financial institution named below ("Depository").

CUSTOMER NAME: _____

ASSOCIATION NAME & UNIT #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BANK NAME: _____

BANK ACCOUNT NUMBER: _____

BANK ROUTING NUMBER: _____

CUSTOMER SIGNATURE: _____

Return by mail:

Complete and send this form and a voided check to the following address:

Associa
1225 Alma Rd.
Richardson, Texas 75081

Return by email:

Scan and send this form and a voided check to the following address:

AAMar@associa.us

OR



Associa[®]

Alliance Association Management

Delivering unsurpassed management and lifestyle services to communities worldwide