## Amy Telnes Management Services, LLC.

## **Debit Authorization Agreement**

## **AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWL (ACH DEBITS)**

OWNER NAME:		
ASSOCIATION NAME:		
CURRENT ASSESSMENT AMOUNT:	PER	
I (We) hereby authorize Amy Telnes Management Scredit entries and adjustments for any debit entries one) indicated below at the bank named below, he account.	s in error to my (our)() Checkii	ng account ( ) Savings account (select
The current debit to your account will be your due	s amount, to be pulled from yo	ur account on the 5th of each month
billed, or the next business day.		
BANK NAME:	ADDRESS:	
CITY:	STATE:	ZIP:
ROUTING NUMBER:	ACCOUNT NO:_	
This authorization is to remain in full force and effe notification from me (or either of us) of its termina Management Services, LLC., and DEPOSITORY a rea	tion in such time and in such m	anner as to afford Amy Telnes
ACCOUNT HOLDER NAME(S):	(Please Print)	<u>.</u>
UNIT NUMBER:	DATE:	
SIGNED:	SIGNED:	

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Amy Telnes Management Services, LLC..
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