

Amy Telnes Management Services

**Debit Authorization Agreement**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL (ACH DEBITS)**

OWNER NAME: \_\_\_\_\_

ASSOCIATION NAME: **Gleneagles Golf Estates HOA**

CURRENT QUARTERLY ASSESSMENT AMOUNT IS: **\$198.00**

I (We) hereby authorize Amy Telnes Management Services, LLC. , to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) ( ) **Checking account** or ( ) **Savings account** (select one) indicated below at the bank named below, herein after called DEPOSITORY, to credit and/or debit the same to such account.

The current quarterly debit to your account will be the quarterly assessment billed each quarter, to be pulled from your account between the 1<sup>st</sup> and the 10<sup>th</sup> of each quarter billed. January, April, July, & October are the billing months.

**BANK NAME:** \_\_\_\_\_

**BRANCH CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**ROUTING NUMBER:** \_\_\_\_\_

**ACCOUNT NO:** \_\_\_\_\_

**OR Check this BOX**  **to authorize the use of the bank account currently on file.**

This authorization is to remain in full force and effect until Amy Telnes Management Services, LLC. , has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Amy Telnes Management Services, LLC., and DEPOSITORY a reasonable opportunity to act on it.

ACCOUNT HOLDER NAME(S): \_\_\_\_\_

(Please Print)

Lot# \_\_\_\_\_ Address: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

**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.**

RETURN THIS FORM TO:  
Amy Telnes Management Services, LLC.  
2563 N. Kiowa Blvd.  
Lake Havasu City, AZ 86403  
Phone: (928) 505-1120  
amy@atmshoa.com