

Havasu Commerce Center

Debit Authorization Agreement

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL (ACH DEBITS)

OWNER NAME: _____

ASSOCIATION NAME: **Havasu Commerce Center**

CURRENT QUARTERLY ASSESSMENT AMOUNT IS: \$ _____ **to deduct each quarter**

\$ _____ **to deduct ONE TIME ONLY**

I (We) hereby authorize Havasu Commerce Center and 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 1st and the 15th 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 Havasu Commerce Center or 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 Havasu Commerce Center or Amy Telnes Management Services, LLC., and DEPOSITORY a reasonable opportunity to act on it.

ACCOUNT HOLDER NAME(S): _____

(Please Print)

UNIT# _____ 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.

500 N Lake Havasu Ave., Suite, A104, Lake Havasu City, AZ 86403

Phone: (928) 505-1120

amy@atmshoa.com