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 Service credit entries and adjustments for any debit entries in eone) indicated below at the bank named below, herein account.	rror to my (our)() Checki	ng account () Savings account (select
The current debit to your account will be your dues am	ount, 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 effect ur notification from me (or either of us) of its termination Management Services, LLC., and DEPOSITORY a reasona	in such time and in such m	anner as to afford Amy Telnes
ACCOUNT HOLDER NAME(S):	 Please Print)	
· ·	,	
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.

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