

**TOWNHOMES OF BIENEMAN FARM HOA**

**AUTOMATIC ACH WITHDRAWAL AUTHORIZATION**

Sign up for or change your ACH (automatic withdrawal) direct payments by completing and signing this form and returning it to us along with either a voided check (checking deposit slip not accepted) or a savings deposit slip (for new authorizations or bank account changes).

**NOTE: Direct payments will be withdrawn on the 6th of each month (or the next business day) for the current month’s assessments.**

***You will receive written confirmation via email or US mail as to the month your direct payment withdrawal will begin. Until you receive this confirmation letter, you must mail your payment directly to our office at the mailing address below. Please contact MJF & Associates if you have any questions regarding timing.***

**TYPE OF AUTHORIZATION:**

**[ ] New** **[ ] Change Banking Info** **[ ] Change Payment Amount** **[ ] Change Payment Date** **[ ] Cancel Authorization**

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| **ASSOCIATION: TOWNHOMES OF BIENEMAN FARM HOA** | **HOA ACCOUNT NUMBER:**       |
| **PROPERTY OWNER:**       | **PHONE NUMBER:**       |
| **PROPERTY ADDRESS:**       | **EMAIL:**       |

*[ ]  Check here if you do* ***not*** *wish to receive communications pertaining to your Association via email and would rather receive all communications via US Mail.*

**\*PLEASE ATTACH A VOIDED CHECK AND WRITE ACCOUNT INFORMATION BELOW\***

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| ***Choose ONE Payment Frequency:***  |
| **[ ] RECURRING (select one):** **[ ] Monthly** **[ ] Weekly** **[ ] Annually** **[ ] Other:**  (enter payment amount and start date below) |
| **[ ] ONE-TIME PAYMENT** (enter payment amount and payment date below) |
| **BANK NAME:**       | **ACCOUNT TYPE:** **[ ]  CHECKING** **[ ]  SAVINGS** |
| **BANK ROUTING NUMBER:**       | **BANK ACCOUNT NUMBER:**       |
| **PAYMENT AMOUNT:**       | **PAYMENT/START DATE:**       |

**NOTE: This form must be received in our office by the 25th of the month and the account must have a zero balance (i.e., be current) in order to begin the automatic withdrawal for the following month.**

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| **BY SIGNING BELOW,** I authorize **MJF & Associates** to process debit entries from my account to pay the above Association's assessment charges. I further understand that by signing this form, I acknowledge that if my Association's assessment increases, this new amount will be debited from my account. I further understand that this authority will remain in effect until I give **MJF & Associates** written notification to terminate it by the 20th of the preceding month of the desired cancelation date. In addition, I understand that if a payment is returned because of insufficient funds, my participation in this ACH program may be automatically canceled. |
| **x**  |  |
| ***Authorized Signature of Bank Account Holder*** | ***Date*** |

***Return your completed form and voided check (or scanned copy of one) to MJF & Associates:***

* Via email (preferred): office@mjfandassociates.net
* Via US Mail: MJF & Associates, Attn: Architectural Control, 1940 South Greeley St Ste 104, Stillwater MN 55082
* Questions? Call MJF & Associates at (612) 819-0133.