

# AUTOMATIC ASSESSMENT PAYMENT (ACH) AUTHORIZATION FORM

**Use this form to enroll in automatic electronic payments (ACH) for your Association Assessments.**  
**All Fields must be completed for Auto Debit (ACH) to take effect.**

**Association Name:** \_\_\_\_\_

**Homeowner Information** - A separate enrollment form must be completed for each property/unit payment obligation

Homeowner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Association Account Number (if known): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Payment Frequency**  Monthly  Quarterly  Semi-Annually  Annually

Assessment Amount: \$ \_\_\_\_\_

Requested Start Date: \_\_\_\_\_

**Bank Account Information**

Financial Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Account Type:**

Checking  Savings

**Please attach a voided check (or deposit slip for savings account).**

**Authorization Agreement**

I hereby authorize the partner bank for the Association to initiate debit entries from my (our) checking or savings account listed above for the purpose of paying Association assessments and any applicable recurring charges due to the Association.

I understand that:

1. This authorization will remain in effect until Management has received written notification from me (us) of its termination.
2. Written notice to cancel this authorization must be received by Management no later than the 25th day of the month prior to the next scheduled payment due date in order for the cancellation to take effect.
3. Assessment amounts may change in accordance with the Association's governing documents, budget, or approved adjustments.
4. If a scheduled debit date falls on a weekend or holiday, the debit may be processed on the next business day.

**I certify that I am authorized to approve ACH transactions for the account listed above.**

**Authorized Account Holder Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submission Instructions**

Please return this completed form along with a voided check to:

Attn: MGMT

**Address line 1:** \_\_\_\_\_

**Address line 2:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Forms must be submitted to Management in order to be processed.**

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**Management Use Only**

Date Received: \_\_\_\_\_ Entered By: \_\_\_\_\_ Verified By: \_\_\_\_\_ Effective Date \_\_\_\_\_