



**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS  
(ACH DEBITS)**

I (we) hereby authorize \_\_\_\_\_, hereinafter called ASSOCIATION, to  
(Association name)  
initiate debit entries to my (our)  Checking Account /  Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the purpose of collecting assessments for my community association. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Routing Number \_\_\_\_\_ (9 Digits) Account Number \_\_\_\_\_

Name of Association \_\_\_\_\_

**Property** Address \_\_\_\_\_

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

Name(s) \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR  
OFFICE USE  
ONLY

Homeowner Account # \_\_\_\_\_  
Assessment Frequency \_\_\_\_\_  
Amount to be drafted each time \_\_\_\_\_  
Start Date \_\_\_\_\_

**Note: You MUST attach a VOIDED CHECK below for the account that will be debited.**