

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

New _____ Change _____

Verbal requests are not valid, ACH debit request must be submitted on this form and only one request per form.

I/We hereby authorize _____ hereinafter called COMPANY, to 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/our 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 _____
A voided check must accompany this request form

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

Name(s) _____ Phone # _____ HOA Account # _____

Property Address _____ City _____ State _____ Zip _____

Recurring ACH debit date will be the first (1st) of each month.

Disclaimer: If the first (1st) falls on a weekend or holiday, your bank account will be debited on the next business day.

**ACH debits will be effective the following month after receipt of this form if received by the 20th of the month. Due to a minimum of six (6) business days for bank verification, forms received after the 20th will not be processed until the 2nd month following receipt of the form.

Assessment Type _____ Assessment Amount \$ _____

Debit Start Date _____ Debit Amount \$ _____ Debit Frequency _____

Receipt Acknowledgement: Please select where to send ACH Debit form acknowledgement:

- Email Address _____
Mailing Address _____

Disclaimers: Incomplete information will result in start date delay; the original form will be returned to sender.

Existing Balance on Account: This ACH Debit form does not automatically debit for existing account balances. Special instructions must be requested on a separate form, with exact amount and date to debit, within the date guidelines.

By signing below I acknowledge that I/We understand all guidelines presented in this ACH Debit request form:

Signature _____ * _____ Signed Date ____/____/____

Return form to: Classic Property Management *Attn: Accounting Dep't *P.O. Box 201502 *Arlington, TX 76006