



Automatic Payment Authorization

Please return your application and voided check to:

ACH Department
Kirkpatrick Management Company, Inc.
5702 Kirkpatrick Way
Indianapolis, IN 46220-3925
FAX 317-558-5392
Email ach@ekirkpatrick.com

Kirkpatrick Management Company's Automatic Payment Program allows you the opportunity to enjoy convenience, speed, and safety without having to write a check for your Homeowners Association dues or any special assessments as stated by your Board of Directors. Best of all, this service is free!

- Kirkpatrick Management Company's Automatic Payment Authorization Program works in conjunction with your financial institution (bank, savings and loan, or credit union). Simply complete the authorization attached form, include a voided check from your financial institution account, and your Homeowner Association dues and/or special assessments will automatically be deducted from your financial institution.
- Payments will be deducted from your financial institution account on the 5th of the month (or the next business day if the 5th falls on a weekend or holiday), subsequent to the date of signing this authorization form.

Important Information – Please Read

1. Fill out the Automatic Payment attached application completely, and sign it. You can find your Homeowner Association account number on your payment coupon.
2. Include a voided BLANK check from your financial institution by marking "VOID" across the front of the blank check. **(Please do not include a deposit ticket as the routing number on the ticket cannot be used for ACH withdrawals)**
3. Enclose the application and the voided check and mail it to the address listed above.
4. This authorization must be received by the 25th of the month to be processed for automatic withdrawal the following month.
5. To stop the automatic payments, you must notify Kirkpatrick Management Company in writing.



Automatic Payment Program Authorization Agreement

Please return this application and voided check to:

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5702 Kirkpatrick Way
Indianapolis, IN 46220-3925

A. Account Holder's Information

Last Name	First Name	Last Name	First Name
Address		City	State Zip
Home Phone ()	Work Phone ()	Home Phone ()	Work Phone ()

B. Homeowner's Association Information

Homeowner's Association Name	Homeowner's Account Number
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C. Financial Institution Information

Name of Financial Institution	Type of Account
Financial Institution's Routing Number	Homeowner's Bank Account Number

D. Email Address for Account Setup Verification

I authorize Kirkpatrick Management Company, Inc. as an agent for said Association to deduct the amount of the regular assessment fees and any special assessments as stated by the Board of Directors from the financial institution listed above. I understand that I can stop these automatic payments if I notify Kirkpatrick Management Company, Inc. in writing. I (We) also understand that I (We) are responsible for any fees (overdraft, NSF, etc.) that may occur as a result of this transaction. Kirkpatrick Management Company at its option may cancel this authorization at any time due to returned payments.

Signature of Account Holder

Signature of Account Holder

Date

Date

For Office Use Only

Date Received	Pre-Note Date	Date ACH Started