

B.R. Madison Homeowners Association

C/o Spectrum Property Management PO BOX 1562 Great Falls, VA 22066

ACH Authorization Form

Recurring e-Check Transactions

Please complete the information below:

I _____ authorize **B.R. Madison Homeowners Association** to charge my bank account indicated below: *(choose one option)*

On the 3rd of each month, in the amount of \$66 beginning on, _____ (enter start date)

OR

On the 3rd day of each quarter (Jan, April, July, Oct), in the amount of \$198 beginning on, _____ (enter start date)

Property Address _____

Billing Address _____

Phone# (Home) _____ (Cell) _____

Email _____

Account Type: Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Property Owner Signature: _____

Property Owner Printed Name: _____

Date: _____

Please initial each of the following:

_____ I understand that this authorization **will remain in effect until I cancel it in writing**, and I agree to B.R. Madison Homeowners Association in writing of any changes in my account information or termination of this authorization at least **15 days prior to the next billing date**.

_____ If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day.

_____ I agree that if the amount of this payment changes due to an increase in the annual budget, the new amount will be deducted automatically.

_____ I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.

_____ In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that B. R. Madison Homeowners Association may at its discretion attempt to process the charge again within 30 days.

_____ I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.