

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided prior to the payment being collected.

Please complete the information below:

I authorize the , hereinafter
(full name) (Name of Association)

referred to as the "ASSOCIATION" to debit my bank account indicated below for on the
(insert \$)
1st day each month for payment of my monthly assessment, and from time to time other such amounts as the monthly

assessment changes by approval of the annual budget adopted by the Board of Directors and published to the

homeowners. The ASSOCIATION cannot withdraw funds for any amounts other than the regular monthly assessment. This would include any special assessments, fines, etc. I hereby agree to make other payment arrangements for such amounts.

Billing Address Phone#

City, State, Zip Email

Checking/ Savings Account

Checking Savings

Name on Acct

Bank Name

Account Number

Bank Routing #

Bank City/State



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the 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 payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 the Association may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$50.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____