

**Please read, fill out form, sign and initial where needed.**

**ACH Debit Authorization Agreement**

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

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

Homeowner Account / ID Number \_\_\_\_\_

I, hereby authorize Association to initiate debit entries to my account on the 15th of every month for monthly assessments, miscellaneous charges, late fees and other related HOA fees. Indicated below is my (our) financial institution information to which said entries should be applied.

\_\_\_\_\_ Checking Account Amount to be pulled: \$ \_\_\_\_\_

\_\_\_\_\_ Savings Account (select one) Start with ACH debit: \_\_\_\_\_ month

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

It is the responsibility of the account holder to contact their financial institution to verify that electronic transactions will use the same account number and bank routing number as provided on account holder's voided check.

If there is an increase in the Monthly dues, you will be notified by mail at least 10 days prior to the increase; no need to fill out a new form, same form will be used. Please initial \_\_\_\_\_

This authorization is to remain in full force and effect until stated **ASSOCIATION** has received written notification from me of its termination in such time and in such manner as to afford stated **ASSOCIATION** and my bank a reasonable opportunity to act on it (30 days). Please initial \_\_\_\_\_

ACH Debit Authorization will be cancel if there are **2 ACH NSF payments** within a 12 month period. \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

**Account holder is required to verify bank account data.**

**Please attach a voided check here.**

Please return completed form to:  
*Brickrow Property Management, Inc.*  
2434 Southport Way, Suite A, National City, CA 91950