ACCOUNTING EDGE & PROPERTY MANAGEMENT

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Home/Unit Owner Name: _____

Unit# or ID#: _____

I (we) hereby authorize _____
hereinafter called the ASSOCIATION, to initialize entries to my (our) account indicated below at the DEPOSITORY, to debit the same to such account. This will include all future amount changes by the ASSOCIATION.

Home/Unit Owner's Bank Name: _____

Bank Address: _____

Routing Number or ABA Number: _____

Account Number: _____

☐ Checking ☐ Savings

Amount of Dues or Payment: _____

Start Date Due & Term: _____

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

_____

Signature of Homeowner Date

_____

Signature of Homeowner Date

Attention: Whenever possible, provide a copy of a voided or canceled check to verify bank information. Return or rejected ACHs are subject to late fees. The cut-off is the 15th of every month.

Direct Payment

Please email completed form to Accounting Edge - jessicah@acctedge.com