

HOMEOWNER AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Date: _____

Association Name: _____

I (We) hereby authorize our Homeowners Association, Hereinafter called ASSOCIATION, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name: _____

Branch: _____

Debit Amount*: \$ _____

****Routing**

Number: _____

Account Number: _____

(**Please verify with your bank for proper #)

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

Name(s): _____ ID Number (Lot #) _____

Date: _____

Signature: _____

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Please provide a photocopy of a check or a voided check with your account number.

Please scan form and check to support@mmsaz.com.

*Note this amount will automatically increase if and when the fee is raised by the association.

Debits will be done on approximately the 15th of each month.