

HOMEOWNER AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

For your convenience, Property Management Professionals, your Association's management company, offers an automatic debit payment option to pay your monthly Homeowners Association assessments. Simply complete this form, attach a VOIDED check and mail it to Property Management Professionals Corporate Office located at:

**Property Management Professionals, LLC.
27220 Turnberry Lane, Suite # 150
Valencia, CA. 91355**

Please return this form and a voided check by the 25th of the month to be debited for the following month. Assessments are automatically debited on or around the 5th of each month.

Association

Name: _____

I (We) hereby authorize _____ 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.

Name as it appears on the bank account: _____

Monthly Debit Amount: \$ _____

Initial here if you agree to have any current outstanding balance processed for payment on your first ACH withdrawal. ***Please note, accounts cannot be enrolled in the ACH program with an outstanding balance.**

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

**ACH/Routing

Account

Number: _____ Number: _____

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

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

Name(s): _____

Property Street Address: _____ Homeowner Acct. # _____

Email address: _____

*confirmation for enrollment will be emailed to you

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.**

****You must verify with your financial institution the correct ABA routing / transit number that should be used for ACH debits.**