

Automatic Payment Authorization Form

With this Automated Clearinghouse (ACH) form, your **Association** Semi-Annually Dues will be automatically deducted from your savings or checking account. A statement of your account will be issued annually.

Association Name: _____

I hereby authorize my HoA as listed above to initiate debit entries for my account indicated below at the depository financial institution named below and to debit the same to such account. I acknowledge that the origination of Automated Clearinghouse (ACH) transactions to my account must comply with the provisions of U.S. Law.

Bank Name: _____

Address: _____

Telephone: _____

Debit entries from my account (select only one) Checking Savings

Account Number: _____ Routing Number: _____

Withdrawal of Dues on the 10th day of January and July _____ (initial here)

This authorization will remain in full force and effect until I notify _____ to cancel my Automatic Payment, in writing via, mail, fax or online submission by the tenth (10th) day of the preceding month of the billing cycle.

Street Address: _____

Lot # /Acct.#: _____

Telephone Number: _____

**Please include a voided check for checking account withdrawals OR
a savings withdraws ticket for savings account withdrawals**

Mail or FAX ACH Form with actual or copy of voided check or withdrawal ticket to:

**YOUR HOA
c/o AAA Property Management
P.O Box 2083
Centreville VA, 20122
Phone: (703) 815-1915 Fax: (703) 991-7675**

The image shows a check form with a large 'void' watermark across it. The fields are as follows:
NAME _____ ADDRESS _____ CITY, STATE ZIP _____ 0123 01-23456789
DATE _____
PAY TO THE ORDER OF _____ \$ _____
BANK NAME _____ ADDRESS _____ CITY, STATE ZIP _____ DOLLARS
FOR _____
Routing Number: 0123456789 Account Number: 0123456789012345678901234567890123

**See Reverse for Terms &
Conditions**

Automatic Payment Terms & Conditions

In order to be eligible your HOA assessment account must be paid current (zero balance) to be established.

Changes to your account (i.e. change of bank, accounts #'s, resale) will be the sole responsibility of the homeowner and must be submitted in writing. Failure to notify AAA Property Management by the tenth (10th) of the preceding month of the billing cycle may result in funds being withdrawn in the following month. Homeowner liability includes any charges incurred by the bank or late charges applied by the association as a result of lack of notice.

Automatic Termination

If two (2) insufficient funds (NSF) returns are held on your account you will be ineligible to continue in the direct debit payment program. A homeowner with a direct debit that is not honored by your bank will be responsible for making up that payment (including any related NSF or other bank or other related charges) by check immediately upon notification. Any bank charges incurred as a result of a returned direct debit will be added to your account.

I (we) have read the above terms and conditions, completed all portions of the application and authorize AAA Property Management to initiate direct debit entries to my (our) checking/savings account as indicated on the application and the association's financial institution to debit same account.

If your checking or savings account is a joint account then both authorized signers must sign in order for this form to be valid.

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____