

## Automatic Payment Authorization Form

With this Automated Clearinghouse (ACH) form, your **Association** Monthly 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 10<sup>th</sup> day of each month**  \_\_\_\_\_ (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 (10<sup>th</sup>) 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**

NAME \_\_\_\_\_ 0123  
ADDRESS \_\_\_\_\_  
CITY, STATE ZIP \_\_\_\_\_ 01-23456789

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

BANK NAME \_\_\_\_\_ DOLLARS  
ADDRESS \_\_\_\_\_  
CITY, STATE ZIP \_\_\_\_\_

FOR \_\_\_\_\_

⑆0123456789⑆ 01234567890123⑆ 0123

Routing Number    Account Number

**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 (10<sup>th</sup>) of the preceding month of the billing cycle may result in funds being withdrawn in the following month.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: \_\_\_\_\_