

**HOMEOWNER AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

Association Name: _____

I (We) hereby authorize _____, hereinafter called ASSOCIATION, to initiate debit entries to my (our) **Checking Account** or **Savings Account** 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.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

**ACH / Routing Number: _____ Account Number: _____
(VERIFY ROUTING NUMBER WITH YOUR BANK)

Debit Amount: \$ _____ **Effective Mo. / Yr.:** ____ / ____ **Frequency:** Monthly Semi-Annually
 Quarterly Annually

If the assessment amount increases while this authorization is in effect, Preferred Communities will automatically update the debit amount to match the increased assessment amount.

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

Name(s): _____ HOA Account Number: _____

Signature: _____ Date: _____

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVE 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 FOR ACH DEBITS.**