

**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.**