

NEW PAYMENT OPTION



ACH Debit Authorization

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

Name of Homeowner's Association _____

I (we) hereby authorize _____ (Name of Homeowner's Association), hereinafter called COMPANY, to initiate debit entries to: (check one below)

- Checking Account
- Savings Account

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.

Bank Name (Homeowner's Bank) _____

Routing Number (9 digits)
(as shown in picture below)

Account Number
(as shown in picture below)

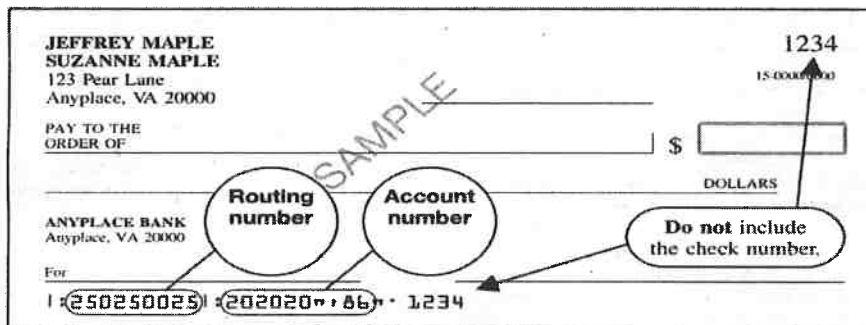
This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) please print _____

Signature(s) _____

Date _____

Please attach a VOIDED CHECK to this authorization if a checking account will be debited.



Note: The routing and account numbers may be in different places on your check.

FOR OFFICE USE ONLY _____

ACCT # _____

PROCESSED BY _____

Mail Form to: 920 Third St, Ste B, Neptune Beach FL 32266
Fax Form to: 904-242-0670
Email Form to: accounting@bcmsservices.net