



4025 Camino Del Rio S  
Suite 301  
San Diego CA 92108

## **ACH Debit Authorization Agreement**

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

Association Name \_\_\_\_\_

Homeowner Account / ID Number \_\_\_\_\_

I (we) hereby authorize Association to initiate debit entries to my (our) account for monthly assessments, miscellaneous charges, late fees and other related HOA fees. Indicated below is my (our) financial institution information to which said entries should be applied.

\_\_\_\_\_ Checking Account

\_\_\_\_\_ Savings Account (select one)

Banking Institution

Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until stated ASSOCIATION has received written notification from me (or either of us) of its termination in such time and in such manner as to afford stated ASSOCIATION and my (our) bank a reasonable opportunity to act on it (30 days). Upon completion please deliver form to SDHOA for processing by use any means provided below.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Account holder is required to verify bank account data.***

***Please attach a voided check here.***

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