



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. Monthly draws occur on about the 10th of each month.

_____ 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.

Please send completed form to:
SDHOA
3550 Camino Del Rio N. STE 212
San Diego, CA 92108
858-227-4220 office
sdhoa@sdhoa.com