

Association Pay (ACH) Authorization

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

Association Pay Terms and Conditions:

- You are enrolling in Association Pay to authorize recurring payments through electronic funds transfers by ACH debit entries.
- **When your payment is due, your account is debited automatically on the 3rd of the month. If the 3rd is on a weekend or holiday, your account is debited the next business day.**
- Payments will appear as **your full or abbreviated Association Name** on your bank statement.

Paper authorizations must be received by the 25th of the month to be effective for the next debit month.

If the 25th falls on a weekend or holiday, the deadline is the last business day prior to the 25th. This Authorization will remain in effect until we receive written notice from you to cancel or change it. You hereby authorize the Association to accept changes in amounts or account information or cancellation of this Authorization from the association or its management company. Notice from you must be in writing and sent to the address referenced below or faxed to 407-333-7767. Cancellation Notice must be received by the management company on or before the 25th of the month to be effective for the next debit date. When the 25th of the month falls on a weekend or holiday, the deadline is the last business day prior to the 25th. Some exceptions apply. All payments initiated for debit are subject to acceptance by the designated financial institution. All ACH transactions authorized herein must comply with applicable U.S. law. Your completion of this authorization form indicates your agreement to be bound by the NACHA Operating Rules. For questions, contact our accounting department at accounting@premiermgmtcfl.com or 407-333-7787.

KEEP TOP SECTION FOR YOUR RECORDS

Mail enrollments, cancels or changes to: Premier Association Management CFL 3112 W Lake Mary Blvd, Lake Mary FL 32746 Phone: 407-333-7787 Fax: 407-333-7767 Email: accounting@premiermgmtcfl.com

Please attached a copy of a voided check

Association or Community Name: _____ Unit No. _____

Is the account that is being debited for your homeowner payment funded electronically by a financial agency outside of the U.S. territorial jurisdiction? Yes No

Bank Account Owner Name _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Property Address _____ City _____ State _____
Zip _____

Bank Name _____ Bank Routing No. _____

Checking Savings Account No. _____

Check box if account to debit is a business account.

Is this an Up-date to a previously submitted ACH Form: Yes No

SIGNED _____ DATE _____

Email _____
