

## **ACH Authorization Agreement**

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

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

Homeowner Name(s) \_\_\_\_\_

I (we), the undersigned, hereby authorize the above named Association, its Agent (Albert Management Inc.), and/or the Association Bank to initiate debit/credit entries to my (our) account on or about the **fifth** (5<sup>th</sup>) of every month for assessments (regular or special), miscellaneous charges, late fees, interest 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)

Depository  
Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

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

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

**MUST BE A U.S. DOMICILED BANK**  
*(i.e. your depository bank must be registered with and utilize  
the United States Federal Reserve Electronic Banking System)*

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 (generally 30 days).

Name \_\_\_\_\_

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

Name \_\_\_\_\_

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

**Account holder is required to verify bank account data.**  
**Please attach a voided check here.**  
**Voided check MUST be attached. (Do NOT use a deposit slip)**

**Please return completed form to:**  
**Albert Management, Inc.**  
**P.O. Box 12920, Palm Desert, CA 92255**