

# Humbird Condo Association

c/o Bordertown Realty, Inc.  
744 Ryan Dr #103  
Hudson WI 54016  
715-386-6000

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) authorize Humbird Condo Association, hereinafter called COMPANY, to initiate ACH DEBIT entries to my (our) account at the financial institution named below. I (we) acknowledge that the originations of ACH transactions to my (our) account must comply with the provisions of U.S. law and certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form. I (we) agree that no prior-notification will be provided unless the date or amount changes, in which you receive a notice from the COMPANY at least 10 days prior to transaction.

I (we) authorize Humbird Condo Association to DEBIT my (our) bank account indicated below for \$\_\_\_\_\_ starting on the 1st of the Month and will occur monthly. This payment is for Association Dues.

Account type:  Checking  Savings

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

Property Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### **A VOIDED CHECK OR PROOF OF ACCOUNT HOLDER INFORMATION MUST BE ATTACHED**

Depository Name: \_\_\_\_\_ Branch \_\_\_\_\_

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

Routing Number: \_\_\_\_\_ Acct #: \_\_\_\_\_

This authorization is to remain in full force and effect until I cancel in writing at least 15 days prior to the next ACH transaction. I (we) understand that if my ACH is returned because of non-sufficient funds or closed account, I (we) will be charged an additional fee of \$40.00 per occurrence and my (our) ACH service may be stopped.

My signature below indicates that I have verified, confirm and agree with all the information provided above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date