

# **CUSTOMER AUTHORIZATION AGREEMENT FOR AUTOMATED CLEARING HOUSE TRANSACTIONS**

The undersigned hereby authorizes Community Association Banc to present Automated Clearing House (ACH) debits for monthly recurring charges due **Fairview Place Residences (Company)** for the following service **monthly association fee of \$** \_\_\_\_\_ **per month**. The amount of the withdrawal may increase/decrease annually by authorization of the Board of Directors.

Please include your email address for confirmation.

**Bank Name:** \_\_\_\_\_

**ABA Transit Routing Number:** \_\_\_\_\_

**Checking Account Number:** \_\_\_\_\_

## **Please attach a voided blank check on above account**

This authority is to remain in full force and effect until Fairview Place Residences has received written notice of its termination, in such time and such manner as to afford Community Association Banc a reasonable opportunity to act on it, or until Community Association Banc has provided ten (10) days' written notice of termination of this arrangement to Company. Withdrawals are scheduled to take place between the 5<sup>th</sup> and the 10<sup>th</sup> of each month. However, the actual withdrawal from your account may take place any time after the 5<sup>th</sup>, as determined by the bank.

**Beginning Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**PLACE VOIDED CHECK HERE  
DEPOSIT SLIPS ARE NOT ACCEPTABLE**

**THANK YOU!**