

## ACH Recurring Debit Authorization Form

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Company Name: **Bluff Condominium Association, Inc.**

I (we) hereby authorize **Bluff Condominium Association, Inc.** hereinafter called the COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below at the depository financial institution named below, hereafter called DEPOSITORY. Furthermore, you certify that the following transaction does not violate any U.S. Laws & is within the rules & regulations of NACHA.

Depository (Bank) Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ (Circle One)    Checking    /    Savings

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]:    HOA Monthly Dues

Date(s) and/or frequency of debit(s): (Circle One) Monthly on 10<sup>th</sup> day / Monthly on 20<sup>th</sup> day

Number of Payments: Until Cancelled

I (we) understand this authorization is to remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires a reasonable amount of time (at least 3 days prior to effective date) in order to cancel this authorization.

Print Name: \_\_\_\_\_

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

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

Condominium Number: \_\_\_\_\_

**NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE DEBTOR MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**