

Direct Debit Authorization Form

Name _____

Address _____

City _____ State _____ Zip _____

ASSOCIATION INFORMATION:

Association Name _____

Maintenance Fee Account # _____ Amount _____

BANK INFORMATION:

Bank Name _____

Routing Number _____ Account # _____

Please circle one – Checking or savings

AUTHORIZATION:

I hereby authorize and instruct my financial institution to deduct the amount of my monthly maintenance fee(s), including any administrative fees from the bank account listed on this form and remit directly to “Association”.

I understand that payment will be deducted from the bank account specified on the 8th of the month, or the next business day following the 8th of the month. **I UNDERSTAND MY APPLICATION CANNOT BE PROCESSED WITHOUT EITHER A VOIDED CHECK OR A COPY OF A CANCELLED CHECK FROM THE SPECIFIED ACCOUNT.**

I understand that should the funds not be in the account at the time of processing, I will be charged NSF fees which will be automatically charged to my Association account and taken out the next month from the bank.

This authority will remain in effect until I have signed a new authorization or notification of cancellation. I agree to fully comply with all aspects of the U.S. law.

Signature

Date

QUESTIONS MAY BE DIRECTED TO RESERVE REALTY MANAGEMENT BY CALLING 330-467-0828.

FOR OFFICE USE ONLY:

Date processed: _____

By: _____