



AUTHORIZATION AGREEMENT FOR PRE-ARRANGED DIRECT DEBIT PAYMENTS (ACH)

Association Name: _____

Print Owner(s) Name(s): _____

Property Address: _____ Unit/Lot #: _____

Desired Start Month: _____ Current HOA Assessment: \$ _____ Per: _____ Month _____ Quarter

(The amount will be adjusted as necessary in future years if the assessment changes, no need to resubmit form each year)

I/We hereby authorize **Community Association Partners, LLC**, the managing agent for the above-listed Association, to initiate debit entries to my/our:

_____ Checking Account or _____ Savings Account

indicated below at the (depository) bank or other financial institution named below, herein after called DEPOSITORY, to debit the same to such account for the purpose of collecting assessments for my community association.

Bank Name: _____ Bank Account #: _____

Bank's Nine Digit Transit/Routing Number: _____

(Please attach a *VOIDED CHECK* showing the routing and account numbers)

| | | |
|---|------------|---------------|
| Jane M. Doe | 60-142 | 101 |
| John R. Doe | 313 | |
| 1999 Main Street | | |
| Anywhere, OR 97---- | DATE _____ | |
| PAY TO THE ORDER OF _____ \$ _____ | | |
| _____ DOLLARS | | |
| MEMO _____ | | |
| ##### (ROUTING ABA NUMBER) ##### (ACCOUNT NUMBER) | | SAMPLE |

ACKNOWLEDGEMENT: I (we) understand that this debit will occur within the first week of each month that the assessment payments are due. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with provision of United States Law. This authorization is to remain in full force until Community Association Partners, LLC has received written notification of its termination, in such time and in such manner, as to afford Community Association Partners, LLC and Depository reasonable opportunity to act on it. In the event of a change in assessment amount, no action needs to be take on my (our) part, as the ACH amount will be adjusted automatically. I (we) understand that a new ACH form only needs to be submitted if the withdrawal is to come from a new bank account number.

Owner(s) Signature(s): _____ Owner email: _____

Please mail completed form and *voided* check to: CA Partners, PO BOX 2429, BEAVERTON, OR 97075
Or email PDF version to: info@capartners.net

This form must be received by the 25th of the month prior to the first month the withdrawal is to occur.

