

ACCESS ASSOCIATION SERVICES, INC.

ACH Debit Authorization Agreement

ACCOUNTS MUST BE CURRENT TO PARTICIPATE

For **MONTHLY** Preauthorized Payments

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Association Name: The Glen of Pacific Grove hereinafter called ASSOCIATION

Homeowner Account / ID Number _____

Current Dues Amount _____

I (we) hereby authorize Association to initiate debit entries to my (our) account for the amount of the current assessment on the TENTH day of each **MONTHLY** billing period or the next business day. Indicated below is my (our) financial institution information to which said entries should be applied:

Select One

_____ Checking Account

_____ Savings Account

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until stated ASSOCIATION has received written notification from me (or either of us) of its termination in such time and in such manner as to afford stated ASSOCIATION and my (our) bank a reasonable opportunity to act on it (30 days).

Name _____

Signature _____ Date _____

Day Time Phone _____ Email _____

Account holder is required to verify bank account data.

Please Attach a Voided Check Here

DEPOSIT SLIPS ARE NOT VALID

Please Return to: Access Association Services, Inc.
P.O. Box 2050
Morgan Hill, CA 95038
ATTENTION: KIM CORBARI