



ELECTRONIC FUND TRANSFER PAYMENT AUTHORIZATION FORM

Association Name: _____

Homeowner Name: _____

Address: _____

Check Appropriate Box:

- I am signing up for ACH for the **1st time**.
- I am **updating** the account my ACH payments are made from.

This is my (our) authorization of my (our) bank, named below, to deduct from my (our) account as identified below to pay my (our) periodic assessment payment to the association. The debit entry will be made on the first business day of each and every month commencing with _____, 20____**. The authorization will remain in effect until written notice of cancellation is received by Realty Performance Group.

Please note that form must be received in office at least 14 days prior to the first of the month in which you wish for the automatic payments to begin.

Bank Name: _____

Branch Address: _____

Amount to be deducted: \$ _____

Routing Number: _____ **Account Number:** _____

Signature: _____ **Date:** _____

Please attach a blank voided check, so we can verify the necessary routing and account numbers.