

ACH Authorization Form

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS FOR D & E MANAGEMENT ASSOCIATION MANAGEMENT PROFESSIONALS

I (We) hereby authorize D & E Management Association Management Professionals, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any credit entries in error to my (our) () Checking account () Savings account (select one) indicated below The Financial Institution, to debit and /or credit the same to such account.

NAME OF ASSOCIATION

NAME OF FINANCIAL INSTITUTION

ADDRESS OF FINANCIAL INSTITUTION-BRANCH, CITY, STATE, & ZIP

SIGNATURE

DATE

NAME – (PLEASE PRINT)

ADDRESS- PLEASE PRINT

ASSOCIATION ADDRESS (IF DIFFERENT)

FINANCIAL INSTITUTION ROUTING NO: _____

CHECKS/SAVINGS ACCOUNT NO: _____

These numbers are located at the bottom of your check as follows:



****ATTACH A VOIDED CHECK – PLEASE NOTE THAT PAYMENTS WILL BE DRAWN BETWEEN THE 3RD – 5TH OF THE FIRST MONTH OF THE QUARTER****

To receive an email verification of receipt and start date, please provide an email address:

form to 'The ASSOCIATION your property resides', 3900 Frontage Rd Ste 1, Bullhead City, AZ 86442, or e-mail to info@dandemanagement.com Mail completed

This authorization is to remain in full force and effect until D & E Management has received written notification from me (or either of us) if its termination in such time and in such manner as to afford D & E Management and Financial Institution a reasonable opportunity to act on it.

NOTE: MAKE SURE THAT THE ROUTING NUMBER AND ACCOUNT NUMBER ARE CORRECT. THERE WILL BE A FEE ASSESSED OF \$25.00 FOR ALL ACH DEBITS THAT COME BACK AS INVALID OR UNACCEPTED.