



4502 Inverrary Boulevard, Lauderhill, FL 33319

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

Homeowner Name(s): \_\_\_\_\_ Unit Number: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

I (we) hereby authorize (Enter Assn. Name): \_\_\_\_\_ hereinafter called the ASSOCIATION, to initialize entries to my (our) account indicated below at the DEPOSITORY, to debit the same to such account. This will include all future amount changes by the ASSOCIATION.

Home/Unit Owner's Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Routing Number or ABA Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking  Savings

Amount of Dues or Payment: \_\_\_\_\_

One-time Payment  Recurring Payment

Start Date Due & Term\*: \_\_\_\_\_

**\*Please select day of the Month Between the 1<sup>st</sup> & 10<sup>th</sup> to set your ACH**

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

\_\_\_\_\_  
Signature of Homeowner Date

\_\_\_\_\_  
Signature of Homeowner Date

**Attention: Please provide a copy of a voided or canceled check to verify bank information. Return or rejected ACHs are subject to late fees. The cut-off is the 10th of every month. **\*\*NO ACH FORM WILL BE PROCESSED WITHOUT VOIDED CHECK COPY\*\*****

Complete and email to ar@oncallmgmt.com or fax to 754-702-2721 or mail to the address above.  
**For accounts receivable questions, please call (754)702-2720 or email ar@oncallmgmt.com**