



## DIRECT PAYMENTS (ACH) AUTHORIZATION AGREEMENT

### Financial Institution Information

I (we) the undersigned authorize the subsequently listed Homeowners Association to initiate transactions to the subsequently designated account at the financial institution indicated below and to debit the same to such account with the intention of collecting assessments for the undersigned's Association. The undersigned acknowledge that the transaction will occur in each month the payments are due; this is to occur on or around the first week of each month. This agreement serves as acknowledgement that the origination of ACH transactions to undersigned's account must be in compliance with the requirements of United States law.

### Financial Institution Information

\_\_\_\_\_  
Name of Financial Institution

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

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Type of Account:

Checking

Savings

### Association Information

\_\_\_\_\_  
Name of Association

\_\_\_\_\_  
Unit Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

The undersigned may terminate this Authorization Agreement by providing written notification to the subsequently listed Association and reasonable opportunity and time to act upon the termination notification.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

TO ENSURE ACCURACY, YOU MAY INCLUDE A VOIDED CHECK WITH THIS FORM

Completed forms can be emailed or sent by text message to: [accounting@hoapremier.com](mailto:accounting@hoapremier.com)

Or mailed to: HOA Premier Management  
10250 Constellation Blvd Ste 100-HPM  
Century City CA 90067

#### For Management Company Use Only

Homeowner Account No. \_\_\_\_\_

Date Entered: \_\_\_\_\_