



ACH Recurring Payment Authorization Form

Homeowners Association _____

Property Address _____

Customer Name _____

I hereby authorize HOA Management Inc, as agent for the association named above, to initiate debit entries to my (our) account as described below:

This authority is to remain in full force and effect until HOA Management Inc. has received written notification from the Customer of its termination in such time and in such manner as to afford HOA Management Inc. a reasonable opportunity to act on it. Please note that there may be changes to the assessment amounts and/or due dates in accordance with the Association’s governing documents and applicable statutes. Bank fees related to returned ACH payments will be posted to the Customer’s HOA account according to the Association’s governing documents. HOA Management Inc. reserves the right to make changes in the agreement at any time. We may cancel Preauthorized Electronic Assessment Payments at any time without cause, and the Customer can terminate this agreement at any time by giving sufficient written notice.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Checking Savings

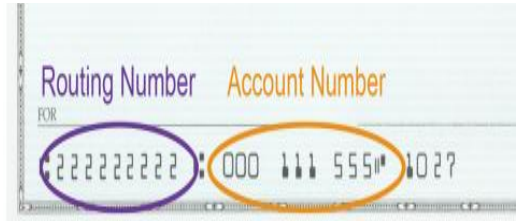
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Effective Date _____

HOA Management Inc. will withdraw recurring assessment amounts due after the effective date.

SIGNATURE _____

DATE _____

If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that HOA Management Inc. may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.00 charge for the NSF. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Please return this form along with a voided check to HOA Management Inc., P.O. Box 32627 Knoxville, TN 37930. Should you have any questions regarding this form please contact our office at (865) 558-3030. Your payments will be initiated on the 1st of the month and removed from your account between the 5th and the 10th. Forms received by the 1st of the month will be processed and ACH payment will begin in that month. Forms received after the 1st, will be processed for debit the following month.