

ASSOCIATION ACH PAYMENT AUTHORIZATION

AMERICAN MOMENTUM BANK

For US accounts only.

Association Name: _____ **Unit No:** _____

Unit Owner Name: _____

Property Address: _____

City: _____ State: _____ Zip _____

Phone Number of Owner: _____

Email Address of Owner: _____

Bank Name: _____ **Bank Routing Number:** _____

Bank Account Number: _____ **Checking () Savings ()**

Name on Account: _____

Variable Amount Direct Payment Program with American Momentum Bank:

The amount due for my Association dues will be deducted on the 3rd of each month. If the 3rd falls on a weekend or holiday, the debit will post the next business day prior/after the 3rd. The amount due may vary based on the approved Association payment amount owed.

I (we) hereby authorize my association to initiate electronic debit entries to my (our) account at the Financial Institution indicated above, and if necessary, credit my (our) account to correct erroneous debits. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. Law. This authorization will remain in full force and effect until I (we) notify the association (description of revocation) within 3 business days of our intent to either discontinue service or change my Bank Name or Bank Account Number. I (we) acknowledge that we are the account holders of record at the Bank provided in this authorization. Authorization **forms must be received by the 25th day** of the current month in order to be in effect for the next month's payment.

Authorized Signatures:

Printed Name: _____

Signature: _____ **Date:** _____

Printed Name: _____

Signature: _____ **Date:** _____

Submit form with a voided Check for the account being debited to:

All About Management, Inc.

P.O. Box 951959, Lake Mary Florida 32795