

# AUTHORIZATION AGREEMENT FOR AUTOMATIC ACH DEPOSITS/ACH CREDITS/DEBITS

Name of Association/Community (Not Ameri-Tech): \_\_\_\_\_  
Unit Number: \_\_\_\_\_  
Name on Account: \_\_\_\_\_  
Alternate Name (ie: Trust or Business Name) on Account: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

I/We hereby authorize Ameri-Tech Community Management, hereafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my/our (circle one) Checking / Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Bank Name: \_\_\_\_\_  
Bank Routing Number: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_

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

- ACH debits will be processed on the 3<sup>rd</sup> of each month or the next business day if the 3<sup>rd</sup> should fall on the weekend or banking holiday.
- Paper Authorizations must be received by the 20<sup>th</sup> of the month to be effective for the next debit month. If the 20<sup>th</sup> falls on a weekend or holiday, the deadline is the last business day prior to the 20<sup>th</sup>.

NAME (Please Print) \_\_\_\_\_  
DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ SIGNED \_\_\_\_\_

**Please attach a voided check or a letter from your bank to expedite your request.**  
**Return complete forms to:**

**Ameri-Tech Community Management**  
**24701 US Hwy 19 N. #102**  
**Clearwater, FL 33763**