



Lot/Unit #: \_\_\_\_\_

**Assessments can be automatically deducted from the bank account you specify.  
Payments are generally withdrawn on the 10<sup>th</sup> (or the following business day).**  
Authorization Form must be received by the 25<sup>th</sup> day of the current month for processing to start the following month.

**ACH Authorization Form**

Preauthorized Electronic Assessment Payment Services Authorization Card (please print legibly)

Association Name:	Assessment Account #:
Name(s) on Bank Account: <b>Last:</b>	<b>First:</b>
Name(s) on Bank Account: <b>Last:</b>	<b>First:</b>
Daytime Phone Number(s):	Email Address:

I (we) herby authorize **Management Solutions NW, LLC**, hereinafter referred to as MANAGER, as agent for the association named above to initiate debit entries to my (our) checking/savings account at the depository named below, hereinafter referred to as DEPOSITORY, to debit the same to such account.

**DEPOSITORY (BANK) NAME:** \_\_\_\_\_

Routing Number:	
Account Number:	

This authority is granted in accordance with the terms and conditions of the MANAGERS Preauthorized Electronic Assessment Payment Service Agreement & Disclosure Statement receipt of which I hereby acknowledge. This authority is to remain in full force and effect until MANAGER has received written notification from me (or either of us) of its termination in such mean as to afford MANAGER a reasonable opportunity to act on it.

I authorize a monthly withdrawal for payment of the monthly assessments in the amount of the balance owing on my assessment account until replaced or canceled in writing through management. I understand that if monthly assessments are ever increased, that the withdrawal will be processed for the amount due.

**First Withdrawal authorized for Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**\*Signature Required** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**

**Preauthorized Electronic Assessment Payment Service Agreement & Disclosure**

Preauthorized charges to your account will be processed, when due, for the amount of your regular assessment payment or amount indicated above. Payments so collected will be deposited into the checking/savings account of your ASSOCIATION, maintained with their Depository Bank.

There may be changes to the assessment amounts and/or due dates in accordance with the ASSOCIATION'S governing documents and applicable statutes including notification requirements of the ACH (Automated Clearing House) rules.

We reserve the right to make changes in the agreement at any time. We may cancel Preauthorized Electronic Assessment Payments at any time without cause, or with cause after a 2nd NSF or rejected payment. You may terminate this agreement at any time by giving sufficient written notice or by closing the designated accounts.

**To Enroll:** Complete and sign; ensure that bank account numbers are legible and correct.

**IF POSSIBLE, PLEASE INCLUDE A COPY OF A VOIDED CHECK TO PREVENT PROCESSING ERRORS**

**FAX:** 1-888-620-2842 **EMAIL:** [ACH@MANAGEMENTSOLUTIONSNW.COM](mailto:ACH@MANAGEMENTSOLUTIONSNW.COM)

**MAIL TO:** Management Solutions, NW | 17404 Meridian E Ste F PMB 228, Puyallup, WA 98375