



**THE MANAGEMENT
ALTERNATIVE**
COMMUNITY ASSOCIATION
MANAGEMENT PROFESSIONALS

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY

I (we) hereby authorize The Management Alternative hereinafter called "Company," to initiate debit entries to my (our) Checking Account or Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called "Depository," and to debit the same to such account for the purpose of collecting assessments for my community association. I (we) understand that this debit will occur on or about the 15th of each month in which assessment payments are due. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number (9 digits): _____ Account Number: _____

This authorization is to remain in full force and effect 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.

Name of your HOA _____

Your HOA unit/address _____

HOA assessment/dues amount \$ _____ Monthly ___ Quarterly ___ Yearly ___

Your mailing address (if different from HOA address) _____

Your email address _____ Your phone number _____

Name of owner(s) _____
Please print _____ please print

Signature(s) _____

Date _____

NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY

PLEASE RETURN THIS FORM AND A VOIDED CHECK TO:

**The Management Alternative
1932 West Orangeburg Ave
Modesto, CA 95350**

Management company Use only _____

Homeowner Account Number: _____

Date entered: _____