

ACH Authorization Form

Preauthorized Electronic Assessment Payment Services Authorization Card (please print)

Association Name: KLAHANIE ASSOCIATION	Unit ID (Account Number):
Name(s) Last:	First:
Name(s) Last:	First:
Daytime Phone Number:	

I (we) hereby authorize **KLAHANIE ASSOCIATION** COMPANY, 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 NAME: _____

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.

Signature Required

Date

*Authorization must be received by the 15th day of the current month for processing to start the following month.

PLEASE RETAIN A COPY FOR YOUR RECORDS

Preauthorized Electronic Assessment Payment Service Agreement & Disclosure:

Preauthorized charges to your account will be processed, when due, for the amount your regular assessment payment. Payments so collected will be deposited to 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 and you can terminate this agreement at any time by giving sufficient written notice or by closing the designated accounts.

To Enroll: ATTACH A VOIDED CHECK WITH FULLY COMPLETED FORM AND MAIL TO:

KLAHANIE ASSOCIATION

4210 244th PI SE

Sammamish, WA 98029

425-392-4663