

Authorization Agreement For Automatic Assessment Payment

(Please print the information requested)

Association's Management Company Name: _____

Association Name: _____

Assessment Amount: _____ ☐ Monthly ☐ Quarterly ☐ Annual _____

Unit Owner's Name: _____ Unit Account Number: _____

Unit Owner's Mailing Address: _____

Unit Owner's Phone Number: () _____

I (we) hereby authorize First Bank, hereinafter referred to as **BANK**, as agent for the association named above to initiate electronic debit entries to my (our) checking account at the depository named on the attached check, hereinafter referred to as **DEPOSITORY**, to debit same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authority is granted in accordance with the terms and conditions of the **BANK'S** Pre-authorized Electronic Assessment Payment Agreement & Disclosure Statement, receipt of which I hereby acknowledge. (Payment Agreement and Disclosure statement are printed on the back of this form). This authority is to remain in full force and effect until **BANK** has received written notification from me (or either of us) of its termination in such manner as to afford **BANK** a reasonable opportunity to act on it. Sale of the unit does **NOT** automatically cancel this agreement.

I (we) understand that the assessment amount may change periodically, and that such changes will be provided to First Bank by me or the association (or associations managing agent or its successor) named above.

Signed: _____ Date: _____

Signed: _____ Date: _____

Please Attach Voided Check Here
(no deposit slips)

FOR BANK USE ONLY

Date Received _____ Effective Date: _____ Completed By: _____ Date: _____

