

**Date Authorized** 

## **Association Auto Debit (ACH) Authorization Form**

## Use this form to Create a 'Preauthorized Electronic Payment' for an Association Assessment.

- A separate enrollment form must be completed for each property/unit payment obligation.
- Completed 'Auto Debit (ACH) Authorization Form' must be received by the **25**<sup>th</sup> of the month prior to your next payment due date, to take effect. If the 25<sup>th</sup> is on a weekend or a holiday, Bank OZK Association Services must receive this form by the last business day prior to the 25<sup>th</sup>.
- By submitting this form you authorized Bank OZK to initiate the ACH debit authorization for the below property/unit owner.
- Mail completed Association Auto Debit Authorization form and a void check (deposit slip for savings) to:
- When an auto debit (ACH) is processed to your account, your payment will appear as 'Maint Fees' on your account statement.
- Your payment debit date and frequency are provided by the management company or association. If that debit date is on a weekend or holiday, your payment will be debited the next business day.
- All questions regarding your association or payments should be directed to your management company or association.

Management Company Name:

Signature of Authorized Signer on Bank Account

## All Fields must be completed for Auto Debit (ACH) to take effect.

Association Name: _				
Frequency:	Monthly	Quarterly	Semi-Annually	Annually
ACH Debit Date:				
Unit Number (Accoເ	unt Number found	l in coupon booklet	on coupon):	
Unit Owner Name:				
Account Type:	Checking	S	avings	
Banking Account Nu	ımber:			
Assessment Amoun	t \$:		Start Date:	
Be sure to	include a void ch	eck (or deposit slip	for savings) from your d	lesignated debit account.
my checking or say making Associatio financial institutio from the Associati	vings account at n Assessment Pa n to withdraw th on or Managem n of this debit. I OZK in writing o	the U.S. Financial ayments, to include the payments from the company, up understand that the fits termination.	Institution indicated a de all future amount ch om my account. Bank ( dates to the debit amo hese debits will contin	ank OZK to initiate entries to above for the purpose of nanges. I also authorize the OZK is authorized to accept, punt, the account information ue unless notification is

Bank OZK: Date Acceptance Verification Lockbox Id Assn Id