

Authorization Agreement for Direct Payments (ACH Debits)

Association Name: _____

I (We) hereby authorize Personal Touch Property Management, Hereinafter called ASSOCIATION, to initiate debit entries to my (our) Checking Account indicated on voided check enclosed at the depository financial institution named on voided check enclosed, hereinafter called DEPOSITORY, and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Standard Monthly Assessment Debit Amount \$_____ (Current Amount). Assessments will change with association assessment increase.

This authorization is to remain in full force and effect until Personal Touch Management has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Personal Touch Management and Depository a reasonable opportunity to act on it.

Name(s): _____

Address: _____

Signature: _____

Date: _____

NOTE: All debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization. Please print and fax to 952-525-0003.

Please include a voided check with this form.

Please write in month you wish to start _____