

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 25th of the month prior to your next payment due date, to take effect. If the 25th is on a weekend or a holiday, Bank OZK Association Services must receive this form by the last business day prior to the 25th.
- 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:
BANK OZK ASSOCIATION SERVICES
RE: ASSOCIATION ASSESSMENT ACH
P.O. BOX 20806
TAMPA, FL 33622-0806
- 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.

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

Management Company Name: COMMUNITIES FIRST ASSOCIATION MANGEMENT LLC

Association Name: BAYONNE II POA

Frequency: Monthly Quarterly Semi-Annually Annually

ACH Debit Date: 7TH

Unit Number (Account Number found in coupon booklet on coupon): _____

Unit Owner Name: _____

Routing/Transit Number: _____

Account Type: Checking Savings

Banking Account Number: _____

Assessment Amount \$: _____ Start Date: _____

Be sure to include a void check (or deposit slip for savings) from your designated debit account.

By signing this authorization I agree to the following: I hereby authorize Bank OZK to initiate entries to my checking or savings account at the U.S. Financial Institution indicated above for the purpose of making Association Assessment Payments, to include all future amount changes. I also authorize the financial institution to withdraw these payments from my account. Bank OZK is authorized to accept, from the Association or Management Company, updates to the debit amount, the account information or the cancellation of this debit. I understand that these debits will continue unless notification is received by Bank OZK in writing of its termination.

Authorization must be received by the 25th of the month prior to next payment date to take effect.

Signature of Authorized Signer on Bank Account

Date Authorized

Bank OZK: Date _____ Acceptance _____ Verification _____ Lockbox Id 645 Assn Id _____