



AUTHORIZATION AGREEMENT FOR DIRECT DEBIT (ACH)

Name of Association/Community: _____

Association/Community Account Number: _____

Name on Account: _____

Association/Community Address: _____

I/We hereby authorize PropertyWorx, hereafter called COMPANY, to electronically debit Association Fees from my/our bank account. Payments will be equal to the monthly association fee for the unit.

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

This authority is to remain in full force until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

- ACH debits will be processed on the 5th of each month. Should the 5th fall on a weekend or banking holiday, the debit will be processed on the next business day.
- Your account must have a zero balance to qualify for this service.
- Authorization must be received by the 25th day of the current month for electronic payments to start the following month.

NAME (Please Print) _____

DATE ____/____/____ SIGNED _____

Please attach a voided check or a letter from your bank to expedite your request.

Return completed forms to:

**PropertyWorx
Attn: Doreen Quell
P.O. Box 12
Oakville, CT 06779**

or

Email - doreen@propertyworx.com