



<input type="checkbox"/> NEW	<input type="checkbox"/> TERMINATION	<input type="checkbox"/> CHANGE
<i>Transferring Institution (Debit Account) Attach Voided Check Copy, if Available</i>		
Bank Name	.....
Routing (ABA) Number	.....
Account Number	.....
Name on Account	.....
Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

Your Full Name	.....
Your Phone Number	.....
Your Email Address	.....

Your Association	.....
Your Association Property Address	.....
Your Billing Address (if different)	.....

I (we) authorize the Association and its agent to debit my bank account subject to the following conditions:

1. Debits to my account will be made in accordance with my Association’s regular and special assessment schedule (for most associations, the transaction will post as an “ACH Payment” between the 5th and 10th of each month).
2. Special charges will not be debited from my account unless I give prior written authorization to the Association. Special charges include late fees, fines, interest, replacement keys, reservations, and charges other than regular and special assessments.
3. I must provide notice of any changes, including termination, at least 15 days before the next billing date for the changes to take effect.
4. I may terminate authorization at any time by giving written notice to terminate.
5. The Association may suspend or terminate ACH withdrawals at any time without prior notice.
6. The Association will charge me a fee if the transaction cannot be completed due to insufficient funds or erroneous instructions.
7. Deductions can be made only in US funds from banks located in the United States.
8. I will not dispute this recurring billing with my bank so long as the transaction corresponds to the terms indicated in this authorization form.

Signature: _____ Date: _____

This form may be returned by facsimile or mail. Agyonbyte LLC recommends not emailing bank account and routing information unless done so in a secure (e.g., encrypted) format. Questions and notices may be directed to service@agynbyte.com.