



## AUTOMATIC WITHDRAWAL AUTHORIZATION FORM (ACH) FOR RECURRING PAYMENT

**Loxoma Community Management Services, LLC is pleased to provide a safe and convenient, in-house ACH (Automated Clearing House) payment option for your homeowner assessment/s (dues).**

**By completing the form below, you are authorizing your Association to automatically deduct your homeowner assessments (dues) payment from your checking or savings account. This is an electronic transaction.**

- This form must be received by the 15<sup>th</sup> of the month for ACH to start the following month.
- When your assessment is due, the account listed below will be automatically debited between the 5<sup>th</sup> – 10<sup>th</sup> of each month. If the payment dates fall on a weekend or holiday, payment will be processed on the next business day.
- All account changes or cancellation requests must be received in writing to Loxoma Community Management Services, by the 20<sup>th</sup> of the month for necessary changes or cancellation of this authorization to be implemented for the following month.
- Please note there may be changes to the assessment amount in accordance with the Association’s Governing Documents and changes in the Association’s Approved Budget. For your convenience, your payment will be adjusted accordingly to accommodate such changes. You will receive a notice from our office, at least 10 days prior to the payment being collected.
- In the case of an ACH payment being rejected by the bank listed below, the NSF bank fee + \$10 administrative fee will be processed to the homeowners account and added to the balance due.

<b>Association Name</b> _____	<b>Unit/Lot ID:</b> _____
<b>Owner Name</b> _____	
<b>Property Address</b> _____	
<b>Phone</b> _____	
<b>Email</b> _____	

I hereby authorize Loxoma Community Management Services, LLC, as agent for the Association named above to initiate debit entries to my checking/savings account indicated below. *(ACH will be processed between the 5<sup>th</sup> – 10<sup>th</sup> of each month.)*

**ACH Effective Date:** \_\_\_\_\_ **Account Type:**    **Checking**    **Savings**

<b>Bank Name</b> _____
<b>Bank Address</b> _____
<b>Name on Account</b> _____
<b>Account #</b> _____
<b>Bank Routing #</b> _____

**\*\*Please Attach a Void Check or Letter of Account Confirmation from your Bank**

I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form. This authority is to remain in full force and effect until Loxoma Community Management Company, LLC has received written notification from the customer of its termination no later than the 20<sup>th</sup> of the month, prior to the next billing date.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE RETAIN A COPY FOR YOUR RECORDS**

- Complete the authorization form and mail to the address below**       **Attach a void check or letter of account confirmation from your bank**