



## ACH Authorization Agreement

Property Address: \_\_\_\_\_

Customer Name(s): \_\_\_\_\_

I (we) hereby authorize TCHOA (Town & Country Village HOA) to electronically debit balance due to my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Financial Institution Name: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Checking \_\_\_\_\_ OR Savings \_\_\_\_\_

This authority is to remain in full force and effect until TCHOA has received written notification from the Customer of its termination such time and in such manner as to afford TCHOA a reasonable opportunity to act on it. Please note that there may be changes to the assessment amounts and/or due dates in accordance with the Association's governing documents and applicable statutes. Bank fees related to returned ACH payments will be posted to the Customer's HOA account according to the Association's governing documents. TCHOA reserves the right to make changes in the agreement at any time. We may cancel Preauthorized Electronic Assessment Payments at any time without cause, and the homeowner can terminate this agreement at any time by giving sufficient written notice.

If the payment is rejected due to Non-Sufficient Funds (NSF), I understand that TCHOA may attempt to process the transaction again within 30 days, and I agree to an additional \$20.00 charge for each attempt that is returned due to NSF, which will be initiated as a separate transaction from the authorized payment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Effective Date: 1<sup>st</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 15<sup>th</sup> \_\_\_\_\_ 22<sup>nd</sup> \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_\_\_

(Please enter the effective month as the first month you are requesting to have assessments drawn.)

Please complete, sign, date and return this form along with bank verification. Bank verification is either a voided check or a direct deposit form provided by your bank. You can email the ACH form and bank verification to [towncountry.village@comcast.net](mailto:towncountry.village@comcast.net), or mail the ACH form to TCHOA, PO Box 1180, Parker CO 80134. Your payments will be initiated on the date chosen above in the month due. To ensure processing on the effective date/month entered, please make sure your form is submitted by two (2) days prior to chosen date.

Thank you,  
TCHOA Board & Management