

AUTHORIZATION AGREEMENT FOR AUTOMATIC ACH DEPOSITS/ACH CREDITS/DEBITS

Name of Association/Community: _____

Association/Community Account Number : _____

Name on Account: _____

Association/Community Address: _____

I/We hereby authorize **Neighborhood Association Management, Inc.** thereafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my/our (circle one) Checking / Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

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 **10** of each **month** or the next business day if that day should fall on the weekend or banking holiday.

__ Your account must have a zero balance to qualify for this service.

__ Your ACH will go into effect _____.

NAME (Please Print) _____

DATE ____/____/____ SIGNED _____

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

Return complete forms to:

noah@neighborhoodam.com

OR fax to 1(925)373-1532

OR mail to P.O. Box 10968, Pleasanton, CA 94588