

AUTHORIZATION AGREEMENT FOR AUTOMATIC ACH DEPOSITS/ACH CREDITS/DEBITS

Please print clearly

Name of Association/Community (Not Ameri-Tech): _____
Unit Number: _____
Name on Account: _____
Alternate Name (ie: Trust or Business Name) on Account: _____
Property Address: _____
Email Address: _____
Phone Number: _____

I/We hereby authorize Ameri-Tech Community Management, hereafter 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.

Checking ____ Savings ____
Bank Name: _____
Bank Routing Number: _____
Bank Account Number: _____
Start Date: _____

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 between the 3rd and 6th of the month.
- Paper Authorizations must be received by the 25th of the month to be effective for the next debit month. If the 25th falls on a weekend or holiday, the deadline is the last business day prior to the 25th.

NAME (Please Print) _____
SIGNED _____ DATE ____/____/____

**Please attach a voided check or a letter from your bank to expedite your request.
Return complete forms to:**

**Ameri-Tech Community Management
24701 US Hwy 19 N. #102
Clearwater, FL 33763**