

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY

I (we) hereby authorize Association Advisors to initiate debit entries to my (our) ☐ Checking Account or ☐ Savings Account (select one) indicated below at the depository financial institution named below, and to debit the same to such account for the purpose of collecting assessments for my community association. I (we) understand that this debit will occur on or about the **4th** of each month in which assessment payments are due. If the **4th** falls on a non-business day (weekend or holiday), Association Advisors will debit your account on the next available business day. PLEASE ALLOW UP TO 2 (TWO) BUSINESS DAYS FOR YOUR DEBIT TO REFLECT ON YOUR BANK STATEMENT. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Bank/Depository Name: _____ Branch: _____

Routing Number (9 digits): _____ Account Number: _____

This authorization is to remain in full force and effect until Association Advisors has received written notification from me (or either of us) of its termination in such time, and in such manner, as to afford Association Advisors and your depository financial institution a reasonable opportunity to act on it.

My Association Is: LEISURETOWNE ASSOCIATION, INC.

Name(s): _____
(Please print) (Please print)

Property Address: _____

Telephone Number: _____

Signature(s): _____

Date: _____ Homeowner Account#: _____

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PLEASE RETURN FORM AND VOIDED CHECK TO:

Association Advisors NJ
19 West Main Street
Freehold, NJ 07728
ATTN: ACCOUNTS RECEIVABLE

Management Company Use Only: _____

Date Received: