



Property Management Services ACH Form

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____	Branch _____
City _____	State _____ Zip _____
Routing Number _____	Account Number _____

This authorization is to remain in full force and effect 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.

Name(s) _____ House/Unit Number _____

Date _____ Signature _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Property Name : _____

Email Address: _____

House/ Unit #: _____ Amount of monthly fee: _____

Account Number: _____

Phone # (s): _____

Email Address: _____

Start Date: _____

Special Assessments / Additional Charges Circle One: YES/NO

Notes: _____

***** A Voided Check Must Be Attached*****

**We offer this service to the homeowners for automatic bank draft for the monthly regime fee only. Please contact Christine Ciocco should you have any questions:
Christine@charlestonpms.com**