



### 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 <u>MUST</u> 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](mailto:Christine@charlestonpms.com)**

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