

Property Management Services Authorization of Automatic Draft (ACH) Form

Property Management Services offers the convenience of our Automatic Draft (ACH) Program for your monthly association fees. Please read the following information carefully and fill out the form. See bottom of form for submission details.

Statements are printed starting the 1st and are mailed or emailed to all homeowners shortly thereafter. Drafts will occur between the 15th and 20th of each month. Please include a voided check for verification of account and routing numbers.

All ACH participants will still receive a mailed or emailed statement each month for informational purposes only and no action is required! Your regime fees will still be drafted automatically on its scheduled draft date.

Statements should always be opened & inspected! Your statement is the only provided communication regarding potential additional charges and can result in late fees if left unresolved. See Special Assessments & Additional Charges section below if you would prefer additional charges be drafted alongside normal dues.

	HOA Neighl	HOA Neighborhood Name:*	
Address:*	Unit #:	City, State, ZIP:* _	
Account Number:	Monthly Regime Fee:* \$	Start Month	1 (MM/YYYY):*
CONTACT INFO: Who should	d we contact first if necessary? Please provide	e at least one way to reach yo	u.
Name:*	Phone:*	Email:*	
Additional Contacts:			
YES, Please draft all future a	dditional charges & assessments alongsic aft assessments or additional charges auto for a one-time-only draft alongside my no	de my normal monthly regin omatically. I will remit paym ormal regime fees to the em	ne fees. ent separately <i>or</i> I will
D 1 N	DEPOSITORY INFO		
	Acco		
	S Account		
Routing Number:			
l have read, understan on this form is correct	d, and acknowledge all outlined guidelines a and true to the best of my knowledge at thi	above and below. The inform s time.	ation I've supplied
on this form is correct I hereby authorize PRO account (specified abo and the 20th day of MANAGEMENT SERVIC time to act on my not involve an adjustment	d, and acknowledge all outlined guidelines a and true to the best of my knowledge at this PERTY MANAGEMENT SERVICES, INC. to init ve) from the financial institution listed at each billing cycle. This authority shall refes, INC. has received written notification fification. I also understand that if corrections (creditor debt) to my account. I acknowledge with the provisions of U.S. law.	s time. iate automatic debits from my pove. Dues will be deducted nain in full force and effect from me of its termination, a pons in the debit amount are	y Checking/Savings d between the 15th ct until PROPERTY allowing reasonable e necessary, it may
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SUBMIT COMPLETED FORMS & ASSESSMENT REQUESTS TO

Email:

Maggie@charlestonpms.com pmsoffice@charlestonpms.com Or By Mail To: Property Management Services 1340-G Ben Sawyer Blvd. Mt Pleasant, SC 29464 QUESTIONS? Contact Us!
Office Email:

pmsoffice@charlestonpms.com
Or Call Our Office
Phone: (843) 881-5459
Open Mon. thru Fri. 9am – 5pm