



AUTHORIZATION AGREEMENT ACH PREAUTHORIZED PAYMENTS (DIRECT DEBIT)

Direct Debit Payment Services terms and conditions:

- This enrollment form must be received by ARMI by the tenth (10th) day of the month preceding the month you wish to start direct debit. You will be notified if the direct debit process for your account was not satisfactory.
- ARMI will request funds equal to current assessments from your financial institution on the first (1st) day of the calendar month when assessments are due and no later than the third (3rd) working day of the month.
- The amount debit from your account will equal the current regular dues and may include other association fees where applicable. Special assessments will not be covered under this agreement.
- I am solely responsible for notifying ARMI in writing, by the tenth (10th) of the preceding month, of any changes to my account (i.e. change of back, account #'s, resale, etc.). Failure to notify ARMI may result in funds being withdrawn. Any charges caused by this debiting will be the responsibility of the Unit Owner.
- If I have two (2) insufficient funds (NSF) returns I will be ineligible to continue in the Direct Debit program.
- An Owner with a direct debit that is not honored by your bank will be responsible for making up that payment (including NSF charges) by check.
- A bank charge incurred as a result of a returned direct debit will be added to your account.
- At the time of initiation in Direct Debit, your account balance must be zero.
- A **voided check must be attached** to this document for it to be processed.

I hereby authorize **Austin Realty Management and Investments, Inc. (ARMI)** to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my Checking account as indicated below and the financial institution named below to credit (or debit) the same to such account.

FINANCIAL INSTITUTION NAME **CITY** **STATE**

TRANSIT/ROUTING NUMBER **ACCOUNT NUMBER**

I understand that this authorization will be in full effect until I notify my financial institution in writing that I no longer desire this service, or written notification is given to ARMI allowing it reasonable time to act on my notification, whichever is applicable. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

COMMUNITY ASSOCIATION NAME

OWNER'S NAME

SIGNATURE **DATE**

Please return this completed form and a **voided check** by mail, email or fax to:
ARMI, PO Box 3413, Warrenton, VA 20188
Email: HOA@armiva.com | Fax: (540) 347 - 1900