Living at Bridges Homeowners Association Recurring Payment Authorization Form

The **ACH** (Automated Clearing House) network is a secure payment system that acts as the central, nationwide clearing facility for all Electronic Fund Transfers (EFT). These recurring payments are a secure and convenient way to save you time and postage while ensuring your HOA dues payments are always on time.

To schedule a recurring ACH withdrawal from your bank account just...

- 1. Print, complete and sign this form
- 2. Mail the form and a voided check for the account to be debited to:

Living at Bridges Homeowners Association 13036 SE Kent Kangley Rd., #383, Kent, WA 98030-7965

Notes:

- Forms must be received in our office on or before the 23rd of the month to set up your initial payment for the upcoming month.
- You will be charged each billing period for the total amount of dues for that period. The charge will appear on your bank statement.
- You agree that no prior notification will be provided if the total payment is under \$400. If your bill is more than that amount, or the payment date changes, you will receive notice from us at least 10 days prior to the payment being collected.
- We will contact you if we are unable to debit your account in time for your first ACH payment based on the receipt date of your form. If this occurs, you will need to make payment by other arrangement for any such missed payment, but no late penalties will apply.

Please complete, sign and mail this form with a voided check to:

Living at Bridges Homeowners Association 13036 SE Kent Kangley Rd., #383, Kent, WA 98030-7965

Name (print)	
Billing Address	
Auburn, WA 98092	
Contact Phone () -	
Email	
Check one: Personal Checking Personal Saving	js
Account Name	
Bank Name	
Account Number	
Bank Routing #	
Bank City/State	

I authorize Living at Bridges Homeowners Association to debit the above account for June 1, 2022 dues on May 31, 2022 (if my form is received by May 23, 2022), and then on, or within 2 days, of the 1st of each quarter for payment of my quarterly dues. I understand that I will only receive advanced notice of the charge if it exceeds \$400.

Signature_____ Date ___/__/

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Living at Bridges Homeowners Association in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the prior business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected by my bank for any reason, I understand that Living at Bridges Homeowners Association may, at its discretion, attempt to process the charge again within 30 days and agree to an additional \$2.75 charge for each attempted and returned ACH which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute the scheduled transactions with my bank; provided the transactions correspond to the terms indicated in this authorization form.