

ACH CREDIT/DEBIT AUTHORIZATION FORM

AUTHORIZATION

I hereby authorize (Pleasant Valley Maintenance Association) to initiate electronic entries to my Checking / Savings account(s) at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited or debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it at least **14** days in advance of the next scheduled transaction as to afford The Company and The Financial Institution a reasonable opportunity to act on it.

I understand this information will be used solely for the purpose of the Automatic Payment Service. I (we) agree that ACH transactions comply with all applicable laws.

Name of Financial Institution

Address of Financial Institution

Name [Please Print]

Address [Please Print]

Signature

Date

ACCOUNT INFORMATION

☐ Checking Account ☐ Savings Account

Financial Institution Routing Number: _____

Account Number: _____

Date I (we) would like the withdrawal to be initiated on: _____

(Can not be before March 1st or Sept 1st - Can not be after April 31st or Oct 31st)

Amount to be withdrawn: \$100.00 \$200.00 (Please Circle One)

[ATTACH VOIDED CHECK IF POSSIBLE]

This Authorization Form must be signed and maintained by The Company for two (2) years after the termination/revocation of the authorization. Upon written request of the Receiving Depository Financial Institution (RDFI), The Company must be able to provide the original, or copy of the customer's authorization within ten banking days.