



# CHOICE

*Professional Management*

## ACH (Automated Clearing House) Payment Form

Dear Homeowner(s):

**An important announcement:** Depending on the community you live in, and the bank chosen by your Board of Directors, we may be able receive your monthly common charges via electronic transfer. We have worked several hours with a local bank in order to be able to properly process your payment, and ensure you will receive credit on your account. The monthly payment will be pulled from your account **between the first and the fifth** of each month.

If this is something that you are interested in, please contact our office to determine if your community has this option. If this is available to you, please fill out the section below & send back to our office. We will begin the electronic transfers as of your **next month's payment**. If you choose this method of payment, you can disregard the monthly coupons and statements.

The information you provide will be held in strict confidence. By supplying us the information below, and signing in the appropriate section, you are authorizing our office to electronically withdraw the **monthly common charge payment** from your account each month. Please realize if there is a monthly increase at the beginning of the fiscal year for your community, we will automatically adjust the monthly electronic withdrawal accordingly. This form will be placed in your file in case of any future problems.

It is our hopes to provide the most up to date services to our owners. We hope this service will be a convenient way for you to make your common charge payment, while eliminating all the paperwork involved. You will still receive all informational mailings sent to the community.

A CANCELLED CHECK IS REQUIRED TO BE INCLUDED WITH THIS FORM.

Thank you,

Accounts Receivable Dept.

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I authorize Choice Professional Management, as an agent for my community, to electronically debit my account between the first & the fifth working day of each month for payment of monthly common charges only. **This service will begin the month after this is signed & dated** & remain in effect until written notice of termination is given in writing by the undersigned.

Checking Account # \_\_\_\_\_ or Savings Account # \_\_\_\_\_

Routing number of the bank (ABA Transit number) \_\_\_\_\_

Bank Name and Address \_\_\_\_\_

Community Address \_\_\_\_\_

Owner Name (Print) \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_