# Encore Property Management

# Authorization Agreement for Preauthorized Payments

I (we) hereby authorize Management Company to initiate debit entries to my (our) checking or savings account for payment of Assessment/Association Dues/ Other Charges. Please place a √ mark in the box below to authorize the withdrawal of charges. Indicated below is my (our) bank and bank account number to which said debit entries should be applied.

#### Bank Account Information

Bank Name:

Account Holder (s) Name:

Bank Routing Number:

Bank Account Number:

ACCOUNT HOLDER IS REQUIRED TO CALL THEIR FINANCIAL INSTITUTION TO VERIFY THAT ELECTRONIC DEBITS WILL USE THE SAME ACCOUNT NUMBER AND ROUTING TRANSIT NUMBER AS PROVIDED ON ACCOUNT HOLDERS CHECK. IF THE FINANCIAL INSTITUTION USES A DIFFERENT ROUTING NUMBER FOR ELECTRONIC TRANSFERS, IT IS THE ACCOUNT HOLDERS RESPONSIBILITY TO PROVIDE THAT INFORMATION ABOVE.

**Homeowner Information**

Print Name(s): Ph #:

HOA Account Number:

Property Address:

Email Address:

**I authorize the withdrawal of assessments/association dues and other charges from my account.**

Account holder is required to complete homeowner information in its entirety for this application to be processed. Your HOA Account number is the unit/account number listed on your coupon book or statement.

This authorization is to remain in full force and effect until Management Company has received written notification from me (either of us ) of its termination in such time and in such manner as to afford Management Company and my bank a reasonable opportunity to act on it.

## Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_