

ACH FORM

ANDERSON HEIGHTS MASTER ASSOCIATION, INC.

Authorization Agreement for Preauthorized Payments

Company Name: enTrust Association Management, Inc.
For
Anderson Heights Master Association, Inc.

Address _____

Start Date: _____

I hereby authorize enTrust, hereinafter called COMPANY, to initiate debit entries to the

Checking account **Savings account**

indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. **I am a signor on the account indicated below.**

Name of Bank: _____ **Amount:** Outstanding Balance _____

City: _____ **State:** _____ **Zip:** _____

Routing # _____ **Account:** _____

FEES WILL BE DRAFTED ON THE FIRST BUSINESS DAY OF EACH QUARTER

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME ON ACCOUNT: _____ **(please print)**

Signature: _____ **Date:** _____

Note: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in writing the manner specified in the authorization.

A COPY OF A VOIDED CURRENT CHECK MUST BE ATTACHED

Return Form to:
enTrust Association Management; 2823 Richmond Drive NE; Albuquerque, NM 87107
Ph (505) 266-2000 / fax (505) 266-0300