

ACH FORM

AUTUMN VIEW HOMEOWNERS ASSOCIATION

Authorization Agreement for Preauthorized Payments

Company Name: **enTrust Association Management
Property Management Trust Account for
Autumn View Homeowners Association Inc.**

Property Street 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 JANUARY.

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 Dr NE; Albuquerque, NM 87107
Ph (505) 266-2000 / fax (505) 266-0300**