

HOA SERVICES PLATFORM AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY

or Savings Account (select one) indicated below at t called "Depository," and to debit the same to such a community association. I (we) understand that this debi	y," to initiate debit entries to my (our) Checking Account the depository financial institution named below, hereinafter ccount for the purpose of collecting assessments for my it will occur on or about the 10 th of each month (the 3 rd for I (we) acknowledge that the origination of ACH transactions United States law.
Depository Name:	Branch:
City: State:	Zip:
Routing Number (9 digits):	Account Number:
This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time, and in such manner, as to afford Company and Depository a reasonable opportunity to act on it.	
My association/neighborhood is:	
Property Address	City
Name(s): (Please print)	(Please print)
Signature(s):	
Phone #	Email
Date:	Start Month: Draft \$
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PLEASE RETURN FORM AND VOIDED CHECK TO:	
Little & Young, Inc P O Box 87209 Fayetteville, NC 28304	
OR email to: Kimberly@littleandyoung.net	
Management Company Use Only:	
Homeowner Account Number:	
Date entered:	