

ACH Authorization Agreement

Association Name	
Homeowner Account / ID Number	
I (we), the undersigned, hereby authorize the above named Association, its Agent (Albert Management Inc.), and/or Pacific Western Bank to initiate debit/credit entries to my (our) account on or about, but not before, the fifth (5 th) of every month for assessments (regular or special), miscellaneous charges, late fees, interest and other related HOA fees. Indicated below is my (our) financial institution information to which said entries should be applied.	
(select one) Savings Account	
Depository Name	Branch
CityState	_Zip
Routing Accou Number Number NUM	er
(i.e. your depository bank must be registered with and utilize the United States Federal Reserve Electronic Banking System)	
This authorization is to remain in full force and effect until stated ASSOCIATION has received written notification from me (or either of us) of its termination in such time and in such manner as to afford stated ASSOCIATION and my (our) bank a reasonable opportunity to act on it (generally at least 30 days).	
Name	
Signature	Date
Name	
Signature	Date

Account holder is required to verify bank account data. Please attach a voided check here.

Voided check MUST be attached. (Do NOT use a deposit slip)

Please return completed form to: Albert Management Inc. PO Box 12920 Palm Desert CA 92255-2920