

ACH Authorization Form

ASSOCIATION NAME: _____

I/we authorize the ASSOCIATION (named above) to initiate credit/debit entries to my/our account at the DEPOSITORY (identified below), for the purpose of automatically crediting /debiting funds to my/our account. I/we acknowledge that the origination of these transactions must comply with the provisions of the U.S. law.

DEPOSITORY NAME: _____

BRANCH: _____ **PHONE:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ROUTING #: _____ (Attached voided check)

ACCOUNT #: _____

CHECKING
 SAVING
 OTHER _____

New Authorization Change to Previous Termination

Fees are: Monthly Quarterly Semi-Annual Annual

I/we understand that this authorization replaces any previous authorization and will remain in effect until the ASSOCIATION has received written notice from me (or either of us) of its termination in such time and such manner as to afford the ASSOCIATION and the DEPOSITORY a reasonable opportunity to act on it.

I/we also understand that there is an ANNUAL start up fee to 4 STAR PROPERTY MANAGEMENT, LLC in the amount equivalent to the number of months the fees are withdrawn from my account which may be withdrawn along with the first payment as authorized. If your fees are monthly, the fee will be \$12.00; quarterly is \$4.00 and so forth. Please note: you will only be charged for the months that fees are withdrawn from your account. Therefore, if your fees are monthly and you complete the form to start in March, you will only pay \$10.00 (\$1.00 per month).

Name: _____ **ID#:** _____

Address: _____

Monthly Fees: _____

Signature: _____ **Date:** _____