

Capitol Hill HOA Management  
Authorization Agreement for Automatic Withdrawal of Funds

Association Name: \_\_\_\_\_

Unit Number: \_\_\_\_\_

Homeowner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Please debit monthly payments from my (check one):

<input type="checkbox"/> Checking Account	Routing Number (9 digits) _____ (Valid routing # must start with 0, 1, 2, or 3)
<input type="checkbox"/> Savings Account	Account Number _____
	Name of Financial Institution: _____

Month and Year to begin debiting payments: \_\_\_\_\_

**Payments will be debited on the 10th day of each month, or the next business day.**

I authorize the above-named homeowners association and Citywide Banks to process monthly debit entries from my account according to the payment information above. I understand that this authorization will remain in effect until I provide reasonable notification of its termination. I understand that there will be a \$25.00 fee automatically charged to my account for each transaction returned due to insufficient funds (NSF). After three NSF transactions, my account will no longer be debited automatically and I must make other payment arrangements.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_