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## **ACH Recurring Payment Authorization Form**

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

## **Recurring Payments Will Make Your Life Easier:**

- It's convenient / set up one time
- Your payment is always on time, eliminating late charges
- If there is a change in your Association fee amount, the debit amount will automatically be updated.

## Please complete the information below:

	authorize <i>PayLease</i> , LLC to charge my bank
(full name) account indicated below on the 1st (or first busine) Association assessment.	ess day) of each month for payment of my
Community Name:	
Address:	
Primary Phone #	
City, State, Zip:	Email:
Account Type: Checking Savings  Name on Acct:	
Bank Name:	Routing Number Account Number
Account Number:	
Bank Routing #:	
Bank City/State:	
SIGNATURE	DATE

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Theoharis Management LLC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Theoharis Management LLC may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30 charge for each charged attempt. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.