

Above & Beyond
Community Management, Inc.



507 Airport North Office Park
Fort Wayne, IN 46825
260-490-2226

abcmanagement@frontier.com
www.abcmanagement.org

Authorization Agreement for Direct Payment

I (we) hereby authorize _____ (“The Association”) to initiate debit entries to my (our)
(Name of Association)

Checking or Savings account

Indicated below and the financial institution named below to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of all applicable state and federal laws and regulations.

Financial Institution Name _____ Branch _____

Address _____

City _____ State _____ Zip Code _____

Account Number _____ Routing Transit Number _____

This authority is to remain in full force and effect until the Association has received written notification from me (or either of us) of termination of this authorization in such time and in such manner as to afford the Association and Financial Institution a reasonable opportunity to act on it.

Name(s) _____ Lot # _____

Signature _____ Date _____

Signature _____ Date _____

Association in which you reside _____

