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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 (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

**Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your checking or savings account. You will be charged the assessment amount per the approved budget each billing period. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from the association at least 30 days prior to the payment being collected.

**Please complete the information below:**

I (we) hereby authorize \_\_\_\_\_(association name) hereinafter called association, to initiate debit entries to my (our) account in the financial institution named above, hereinafter called the depository, to debit the same to such account in an amount equal to my monthly/quarterly assessments (as may be determined by my association). This authorization does not require the association to initiate such debits, and I (we) expressly acknowledge that I am responsible for my payments regardless of whether the association exercises its authority to debit such account regardless of whether there are sufficient funds on deposit in such account. I expressly agree that the association's liability under this authorization agreement shall be limited, exclusively to amounts which are negligently or intentionally debited by the association, and which exceeds my assessment.

This authorization is to remain in effect until the association has received written notification from me of its termination in such time and manner as to afford the association and depository a reasonable opportunity to action it.

Print Name \_\_\_\_\_

Signature: \_\_\_\_\_

Association Account # \_\_\_\_\_

Phone# \_\_\_\_\_

Billing Address \_\_\_\_\_

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

Email \_\_\_\_\_

Date \_\_\_\_\_

Account Type: Checking Savings

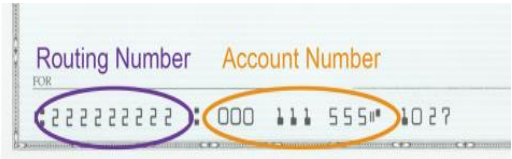
Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



Customer right and obligations with respects to such entries are governed by applicable law and the rules of the National Automated Clearing Housing Association ("NACHA"), as amended from time to time. Customer acknowledges that it shall be bounded by NACHA Rules and agrees not to initiate any Entry in violation of the NACHA rules or applicable federal or state law or regulation including, without limitation, Regulation E