

OPTIONAL

WAVERLY ESTATES HOMEOWNER'S ASSOCIATION INC.

ACH PAYMENT AUTHORIZATION FORM

Please print clearly and **attach a copy of a voided check** if using a checking account to expedite payment. This method of payment can only be made using a checking account.

UNIT OWNER'S NAME OR NAMES, IF JOINT ACCOUNT & PROPERTY ADDRESS		
NAME OF FINANCIAL INSTITUTION	BANK ACCOUNT # (include any preceding zeros)	ROUTING # (9 digits)

The signature(s) appearing below authorizes Small Business Management Solutions LLC., as agent, under the supervision of **Waverly Estates Homeowner's Association** to withdraw monthly common charges from the account referenced above using Electronic Funds Transfer not to exceed the amount listed below, unless otherwise specified in writing, by the undersigned. Furthermore, I understand that payments will be withdrawn between the 1st and the 4th of the month, and my signature is my agreement to make these funds available during the period listed. I understand that if my payment is returned due to insufficient funds or other reasons stated by my bank, my account with Waverly Estates is subject to applicable late fees and returned payment fees, if imposed by the recipient bank.

Indicate the month you would like to start this service _____ Amount to be withdrawn \$ _____

AUTHORIZED SIGNER	AUTHORIZED SIGNER	DATE

If this is a joint account, both parties must sign this form.

Mail to: Return in the enclosed envelope.