

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS
(ACH DEBIT)

Please pay current month's dues as usual. This form will not be accepted unless filled out in full and a voided check is attached. Please mail back to Lindsay Management Services with your voided check.

Association Name: _____.

Property Address: _____.

My HOA Account #: _____.

(You will find this # on your coupons and or statement.)

Email & or Contact Numbers: _____.

***Please provide your email and or phone numbers so we may notify you when we have processed your paperwork and the date your auto debit will begin.

I (we) hereby authorize the Association to initiate debit entries to my (our) checking account for the monthly assessment payments as approved by the Board of Directors. Indicated below is my (our) bank account number to which said debit entries should be applied.

BANK ACCOUNT INFORMATION:

Bank name _____

City _____ State _____

Account Holders Name(s) _____

Bank Routing Number _____ Bank Account Number _____

Your account will be debited on or after the 10th of each month. There are no exceptions to this.

This authorization is to remain in full force and effect until Lindsay Management Services has received written notification from the undersigned of its termination in such time and in such manner as to afford Lindsay Management Services, and my bank a reasonable opportunity to act on it. The process takes approximately 30 days.

***Please provide your email and or phone numbers so we may notify you when we have processed your paperwork and the date your auto debit will begin.

Signed: _____ Date: _____

Signed: _____ Date: _____

Remittance: Lindsay Management Services
C/O Accounts Receivables
6126 Innovation Way
Carlsbad, CA 92009