

JCHiggins & Associates

A DNA INVESTMENTS INC. COMPANY

Real Estate Leasing & Management Solutions

ACH Authorization Form

Name: _____ Association: _____

Account Number: _____ Manager: _____

Property Address: _____

Email Address: _____

CREDIT/DEBIT AUTHORIZATION

I (we) hereby authorize **JC Higgins & Associates** (the managing agent of our Owner's Association) to initiate entries to my (our) checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until **JC Higgins & Associates** is notified by me (us) in writing to cancel it in such time as to afford **JC Higgins & Associates** and the financial institution a reasonable opportunity to act on it.

Name of Financial Institution: _____

Address of Financial Institution: _____

Financial Institution Routing Number: _____

Checking/Savings (Circle Account Type) Account Number: _____

Set Amount: \$ _____ Maximum Current Rate
Amount: _____

Monthly transaction date will be the 10th of each month.

Start Date: _____

Signature: _____ **Date:** _____

