For office use only:	JCHiggins Associate A DNA INVESTMENTS INC. COMPAN Real Estate Leasing & Management Solution ACH Authorization Form	□ New Form □ Bank Change □ Date Change
Name:	JCHA ID Numb	per:
Email Address:	Manager: _	
Property Address:		
CREDIT/DEBIT AUTHORIZATION		
Please note: If ACH comes back as non-sufficient funds (NSF), we reserve the right to withdraw multiple times until successful. Late Fee/NSF fee's do apply and will be added to next withdraw. Please see ACH Addendum for more info.		
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: \$ Current	Rate Maximum Current Rate+ Amount: (Late/NSF Fees)	
Transaction date will be the 10 th of each month. Start Date:		
Signature: Date:		
John Smith 123 Any Street City, State 12345 PAY TOTHE ORDER OF Your Financial Institution Address of Your Francial Institution City State 12345 FOR THE ORDER OF 1:0 1 234 56 78 91: * 1 234 56 78* 100 1		

Account Number

Bank Routing Number