

For office use only:

JCHiggins & Associates

A DNA INVESTMENTS INC. COMPANY

Real Estate Leasing & Management Solutions

ACH Authorization Form

Resident Please Select One:

- ☐ New To ACH Program
☐ Bank Change
☐ Date Change
☐ Increase

Name: _____ JCHA ID Number: _____

Email Address: _____ Manager: _____

Property Address: _____

Association: _____

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 Amount: _____ Current Rate+ (Late/NSF Fees) _____

Transaction date will be the 10th of each month. Start Date: _____

Signature: _____ Date: _____

