PRIDE COMMUNITY MANAGEMENT

# Automatic Assessment Payment
## ACH Authorization Form

PRE-AUTHORIZED ELECTRONIC PAYMENT — ONE PAGE

COMMUNITY / ASSOCIATION NAME

UNIT OR ACCOUNT #

MONTH TO START ACH

**ACH IS PROCESSED ON THE 15TH OF EACH MONTH**

### 1. Homeowner Information

OWNER 1 — LAST NAME

FIRST NAME

M.I.

OWNER 2 — LAST NAME (IF APPLICABLE)

FIRST NAME

M.I.

PROPERTY ADDRESS

E-MAIL ADDRESS (FOR PAYMENT CONFIRMATIONS)

### 2. Bank Account to be Debited

BANK NAME

BANK ROUTING NUMBER (9 DIGITS)

BANK ACCOUNT NUMBER

**ATTACH A VOIDED CHECK — REQUIRED. SUBMITTALS WITHOUT A VOIDED CHECK CANNOT BE PROCESSED.**

### 3. Authorization

I (we) hereby authorize Metro Phoenix Bank, hereinafter referred to as BANK, as agent for the association named above, to initiate debit entries to my (our) checking account indicated above at the bank named above.

This authority is granted in accordance with the terms and conditions of the Bank's Pre-Authorized Electronic Assessment Payment Agreement & Disclosure Statement, receipt of which I hereby acknowledge. This authority is to remain in full force and effect until Pride Community Management, Inc. has received written notification from me (or either of us) of its termination, in such manner as to afford Pride Community Management, Inc. and Metro Phoenix Bank a reasonable opportunity to act on it.

OWNER 1 SIGNATURE

DATE

OWNER 2 SIGNATURE

DATE

DAYTIME PHONE

DAYTIME PHONE

**FOR ASSOCIATION USE ONLY** — DO NOT WRITE BELOW THIS LINE

EFFECTIVE DATE

PAYMENT AMOUNT

AB

**Pride Community Management**
P.O. Box 13615, Chandler, AZ 85248
Phone (480) 682-3209

Return by mail or through your community portal
www.pridemgmt.com