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ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking/savings account...for FREE! Just complete and sign this form to get started!

Here's How Recurring Payments Work:

Please complete the information below:

Certified Management of Austin, through Community Association Banc, a Division of Mutual of Omaha Bank, offers owners an opportunity to pay their regular assessments using automated electronic payments. Preauthorized electronic payments mean that owners can pay their assessments automatically without writing checks, thus eliminating the potential for late payments. In addition, the association is assured prompt, predictable payments to help better manage funds. This program is available to all owners regardless of where they bank. To enroll for your next billing cycle, the completed form must be received no later than the 20th of the prior month for processing.

The preauthorized electronic assessment payment service uses the Federal Reserve System's Automated Clearing House (ACH) to facilitate electronic transfers from homeowner checking/savings accounts directly into the association's bank account. Funds are transferred between the 1st and the 5th day of the month in which the assessment is due. Information regarding payments is reported to the association's management on the same day funds are deposited into the association's account.

There may be changes to the Assessment amounts and/or due dates in accordance with the Association's governing documents and applicable statues of the ACH (Automated Clearing House) rules. Notice to owners will be provided to owners regarding any changes to amounts and/or due dates. Statements/Invoices will not be provided to owners enrolled in ACH, nor will a receipt/notice be provided once the ACH is processed. Past due balances or special assessments will not be drafted. Service is for regular assessments only.

We reserve the right to make changes in the agreement at any time. We may cancel Preauthorized Electronic Assessment Payments at any time without cause and you can terminate this agreement at any time by giving sufficient written notice or by closing the designated accounts.

ASSOCIATION NAME					
ASSOCIATION ACCOUNT N	NUMBER				
NAME					
	LAST	FIRST	MI		
NAME					
	LAST	FIRST	MI		
3ILLING ADDRESS					
PHONE NUMBER		EMAIL			
ts discretion, attempt to process t nitiated as a separate transaction	the charge again within 30 days, from the authorized recurring pa law. I agree not to dispute this	sufficient Funds (NSF) I understand is, and I agree to an additional chargayment. I acknowledge that the orige recurring billing with my bank so lo	ge for each attempt returned pination of ACH transactions to	d NSF which will be to my account must	
SIGNATURE		DATE			
Account Type:	☐ Savings				
Name on Acct		Poul	ing Number Assount N	lbas	
Bank Name		E FOR	ing Number Account N		
Bank Routing #			555555 1000 ***	777 MUCL	
Account Number		*Please atta	ch a voided check or onlin	ne printout from you	
Bank City/State		bank showing your routing and account number			