



**IMFELD & IMFELD**  
PROPERTY MANAGEMENT AAMC®

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS  
(ACH DEBITS)**

**NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY**

I (we) hereby authorize \_\_\_\_\_, hereinafter called "Homeowner Association," to initiate debit entries to my (our)  Checking Account or  Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called "Depository," and to debit the same to such account for the purpose of collecting assessments for my community association. I (we) understand that this debit will occur on or about the 5<sup>th</sup> of each month in which assessment payments are due. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number (9 digits): \_\_\_\_\_ Account Number: \_\_\_\_\_

This authorization is to remain in full force and effect until Homeowner Association has received written notification from me (or either of us) of its termination in such time, and in such manner, as to afford Homeowner Association and Depository a reasonable opportunity to act on it. Any increase in Assessments will automatically result in an increase in the amount of withdrawal.

My association is: \_\_\_\_\_

Name(s): \_\_\_\_\_  
(Please print) (Please print)

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

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**PLEASE RETURN OR FAX FORM AND VOIDED CHECK TO:**

I&I Property Management  
5100 N. Sixth Street, Suite 164  
Fresno, CA 93710  
Phone 559-228-0606 ; Fax 559-228-0899

You will be notified as to the date of you first electronic funds transfer. No transfer of funds will be processed before the date given. Please continue to make payment on your account until the date given. Thank you.

**Management Company Use Only:**

Homeowner Account Number: \_\_\_\_\_