

eCheck Authorization Form

I authorize Wasatch Commons Condo Association to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below for Unit #(s) _____ . I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Terms of Billing

Starting on the _____ day of _____, _____ and monthly thereafter through _____ for the amount of _____.

Starting on the _____ day of _____, _____ and monthly thereafter through _____ for the amount owed to Wasatch Commons Condo Association.

Starting on the _____ day of _____, _____ and monthly thereafter for the amount owed to Wasatch Commons Condo Association until I provide written notice of cancellation.

Bank Information

Account Number: _____

Routing Number: _____

Account Type: ___ Checking ___ Savings ___ Consumer ___ Business

This payment authorization is to remain in full force and effect until I, _____, notify Wasatch Commons Condo Association of its cancellation by sending written notice in such time and in such manner to allow both Wasatch Commons Condo Association and the receiving financial institution a reasonable opportunity to act on it.

Customer Signature: _____

Customer Printed Name: _____

Customer Phone Number: _____

Date: _____