

**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 ASSOCIATION SOLUTIONS , hereinafter called "Company," 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 maintenance fees for my community association. I (we) understand that this debit will occur on or about the 3<sup>rd</sup> of each month in which maintenance fee 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 (name of bank): \_\_\_\_\_ Branch: \_\_\_\_\_

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

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

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time, and in such manner, as to afford Company and Depository a reasonable opportunity to act on it.

My association is: \_\_\_\_\_ Liberty Village POA \_\_\_\_\_

My property address: \_\_\_\_\_

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

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

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

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**PLEASE RETURN FORM AND VOIDED CHECK**

Association Solutions of Central Florida

811 Mabbette Street

Kissimmee, FL 34741

**Management Company Use Only:** \_\_\_\_\_

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

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