



# BANK of the OZARKS® Association Auto Debit (ACH) Authorization Form

## Use this form to Create a 'Preauthorized Electronic Payment' for an Association Assessment.

- A separate enrollment form must be completed for each property/unit payment obligation.
- Completed 'Auto Debit (ACH) Authorization Form' must be received by the 25<sup>th</sup> of the month prior to your next payment due date, to take effect. If the 25<sup>th</sup> is on a weekend or a holiday, C1Bank Association Services must receive this form by the last business day prior to the 25<sup>th</sup>.
- By submitting this form you authorized Bank of the Ozarks to initiate the ACH debit authorization for the below property/unit owner.
- Mail completed Association Auto Debit Authorization form and a void check (deposit slip for savings) to:  
 BANK OF THE OZARKS ASSOCIATION SERVICES  
 RE: ASSOCIATION ASSESSMENT ACH  
 P.O. BOX 20932  
 TAMPA, FL 33622-0932
- When an auto debit (ACH) is processed to your account, your payment will appear as 'Maint Fees' on your account statement.
- Your payment debit date and frequency are provided by the management company or association. If that debit date is on a weekend or holiday, your payment will be debited the next business day.
- All questions regarding your association or payments should be directed to your management company or association.

### All Fields must be completed for Auto Debit (ACH) to take effect.

Management Company Name: TOWN SHORES OF GULF PORT

Association Name: \_\_\_\_\_

Frequency:     Monthly     Quarterly     Semi-Annually     Annually

Confirm **ACH Debit Date** with the Management Company or Association.

Unit Number (Account Number found in coupon booklet on coupon): \_\_\_\_\_

Unit Owner Name: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_

Account Type:     Checking     Savings

Banking Account Number: \_\_\_\_\_

Assessment Amount \$: \_\_\_\_\_    Start Date: \_\_\_\_\_

### **Be sure to include a void check (or deposit slip for savings) from your designated debit account.**

By signing this authorization I agree to the following: I hereby authorize Bank of the Ozarks to initiate entries to my checking or savings account at the U.S. Financial Institution indicated above for the purpose of making Association Assessment Payments, to include all future amount changes. I also authorize the financial institution to withdraw these payments from my account. Bank of the Ozarks is authorized to accept, from the Association or Management Company, updates to the debit amount, the account information or the cancellation of this debit. I understand that these debits will continue unless notification is received by Bank of the Ozarks in writing of its termination.

*Authorization must be received by the 25<sup>th</sup> of the month prior to next payment date to take effect.*

Authorized By \_\_\_\_\_

Date Authorized \_\_\_\_\_

<b>Bank Use Only:</b>	Date:	Processed By:	Verified By:
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