

# ACH DEBIT AUTHORIZATION

**Signature Information:** I authorize BRIAN HEAD VILLAGE HOA or agent to submit electronic debit entries to my account, or adjusting debit or credit entries for the purpose of association dues payments.

Unit Number \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Contact Phone #

## Bank Information (required)

Required Information

Collect

Institution (Bank) Name \_\_\_\_\_

9-Digit Bank RTN# \_\_\_\_\_

Name on Account \_\_\_\_\_

Primary Account # \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_

\_\_\_\_ **Monthly Debit:** I authorize the transfers to take place no  
Sooner than the 15<sup>th</sup> of each month

Amount \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Note:** Your bank will notify you of a debit or credit only through your  
your monthly statement. No separate notice will be sent.

**Termination Information:** Account owner may stop the entries by  
contacting Claude Slack CPA (435-586-0137) 10 days prior to the entry.