

AUTHORIZATION AGREEMENT FOR AUTOMATIC ACH DEPOSITS/ACH CREDITS/DEBITS

Name of Association/Community (Not Ameri-Tech): _____
Unit Number: _____
Name on Account: _____
Alternate Name (ie: Trust or Business Name) on Account: _____
Property Address: _____
Email Address: _____

I/We hereby authorize Ameri-Tech Community Management, hereafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my/our (circle one) Checking / Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Bank Name: _____
Bank Routing Number: _____
Bank Account Number: _____

This authority is to remain in full force 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.

- ACH debits will be processed on the 3rd of each month or the next business day if the 3rd should fall on the weekend or banking holiday.

-Your ACH will go into effect 3/1 if this form is received in the Ameri-Tech Community Mgmt. office by 2/20/24.

NAME (Please Print) _____
DATE ____/____/____ SIGNED _____

Please attach a voided check or a letter from your bank to expedite your request.

Return complete forms to:

**Ameri-Tech Community Management
24701 US Hwy 19 N. #102
Clearwater, FL 33763**