

MARSHALL HEIGHTS HOA
PROCAM, LLC
1422 PORTNER ROAD, SUITE 5
ALEXANDRIA, VA 22314
(703) 536-5200

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

I authorize MARSHALL HEIGHTS HOA to initiate debit entries for the quarterly condominium/homeowner assessments on the 5th of every quarter to the checking/savings account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account.

Financial Institution _____, Branch _____

City _____, State _____

Routing Number _____, Account No. _____

This authority is to remain in full force and effect until MARSHALL HEIGHTS HOA and FINANCIAL INSTITUTION has received written notification from me of its termination in such time and in such manners to afford MARSHALL HEIGHTS HOA and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I have the right to stop payment of a debit entry by notification to FINANCIAL INSTITUTION at such time as to afford FINANCIAL INSTITUTION a reasonable opportunity to act on it prior to charging the account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by FINANCIAL INSTITUTION, provided I send written notice of such debit entry in error to FINANCIAL INSTITUTION within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first. I realize that a charge will be assessed for insufficient funds and for notification of any changes if not given at least 15 days in advance of the 1st of the following month.

Name (Please Print) _____ Signature _____

Co-Signer's
Name (Please Print) _____ Signature _____

Phone # (Work) _____ (Home) _____

Account #/Unit # _____ Date _____

*****VOIDED CHECK (not a deposit slip) MUST BE ATTACHED*****

PLEASE NOTE: If your bank is a CREDIT UNION, please call and ask for the correct routing number and Account number. Those numbers may NOT appear on your check. The same applies to those wishing to use MUTUAL FUNDS.

FOR OFFICE USE ONLY:

Month Beginning _____ Confirmation Letter Sent _____