

**CHARBONNEAU HOMEOWNERS ASSOCIATION**

**ACH ELECTRONIC FUNDS TRANSER AUTHORIZATION FORM**

Charbonneau Homeowners Association is pleased to offer automatic electronic debits for the convenience of our members. This is an optional, no charge service that allows you to have your monthly dues debited directly from your bank account. IF you choose to use this service, please read the authorization agreement form and follow the instructions below.

1. Complete this form below. Please PRINT CLEARLY.
2. IMPORTANT: If you choose to have your debits made to your checking account, you must attach a VOIDED CHECK, or DEPOSIT SLIP. If you wish to have your debits made to your savings account, you must attach a savings account DEPOSIT SLIP. (We are unable to accept payments charged to a VISA or credit card)
3. If the selected account is in a name other than yours, or is a joint account, you must include the name of the other part and their signature.
4. Verify the account and ABA/Routing number with your bank.
5. Return the completed form to the Charbonneau Homeowners Association by mail to:

CHOA  
P O Box 219  
Wilsonville, OR 97070

Please call the Charbonneau HOA, Bookkeeper, Renee Warren at (503-692-9445) if you need further information.

**Authorization agreement for Direct Payments (ACH Debits)**

I/we hereby authorize Charbonneau Homeowners Assoc. to initiate Debits to my(our) bank account at the financial institution named below, hereinafter called Depository, and to Debit the same to such account. I(we) understand if corrections are necessary, it may involve adjustment (credit or debit) to my (our) account. I(we) acknowledge that the origination of the ACH transactions to my(our) account must comply with the provisions of U.S. Law.

**Depository (Bank)**

Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<b>ROUTING #</b>	<b>PHONE #</b>	<b>ACCOUNT #</b>
_____	_____	_____

This authority is to remain in full force and effect until Charbonneau Homeowners Association has received written notification from me(us) of its termination in such time and in such manner as to Charbonneau Homeowners Association and Depository a reasonable opportunity to act on it.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account holders Name: \_\_\_\_\_

Signature: \_\_\_\_\_

(if joint acct holder)

Note: all debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization