

**PREAUTHORIZED PAYMENT SERVICE AUTHORIZATION  
HOMEOWNER ACH DEBIT TRANSFER**

(Please Complete Form, Print & Sign)

Property Management Company Name: **Diversified Association Management, Inc.**

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

Homeowner Association Acct Number: **(Leave Blank)** \_\_\_\_\_

Amount of Current Monthly Assessment: \$ \_\_\_\_\_

Homeowners Name(s):

\_\_\_\_\_  
Last First MI

\_\_\_\_\_  
Last First MI

\_\_\_\_\_  
Last First MI

Property Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone: Days ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

I (we) hereby authorize **Diversified Association Management, Inc.** to act at the direction of named above to initiate debit entries to my (our) Checking Account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. **Diversified Association Management, Inc.** is authorized to adjust this debit authorization upon notice by Association or its Agent of any change in the regular monthly assessment.

\_\_\_\_\_  
Depository Name

\_\_\_\_\_  
Depository Address

\_\_\_\_\_  
Depository City, State, Zip

\_\_\_\_\_  
Routing Number (9 digits)

\_\_\_\_\_  
Account Number

Account Type (Circle One): Checking Savings

This authority is granted in accordance with the terms and conditions of the Association's Preauthorized Automatic Payment Agreement and Disclosure Statement, receipt of which is hereby acknowledged. This authority is to remain in full force and effect until **Diversified Association Management, Inc.** has received written notification from me (or either of us) of its termination in accordance with the terms and conditions of the Association's Preauthorized Automatic Payment Agreement and Disclosure Statement.

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**ATTACH "VOID" CHECK** (or deposit slip for savings only)