

**Blazing Saddles Center Association  
Auto-Pay ACH Debit Authorization**

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS  
(ACH DEBITS)**

**Name:** \_\_\_\_\_ **Unit Number:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I (we) hereby authorize the Blazing Saddles Center Association to initiate debit entries to my (our)  
 Checking Account /  Savings Account (select one) indicated below at the depository financial institution named below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

I elect my dues to be withdrawn each month  or annually

**Bank Name:** \_\_\_\_\_ **Branch:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Routing Number (9 Digits):** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

⑆ 123456789 ⑆ 1234567890123 ⑆  
Routing Number Account Number

**Agreement**

**1. Record of Payment**

You will continue to receive a monthly invoice indicating the amount to be debited from your bank account. The following invoice will show the automatic payment. Your monthly bank statement will indicate the amount and date of your automatic transfer. Retain this record as proof of payment. If a question arises regarding your transfer or if the amount differs from the invoice, you must notify Blazing Saddles HOA and your financial institution within sixty days.

**2. Payment Date**

The dues will be transferred from your checking/savings account on the 1<sup>st</sup> of every month if paying monthly or on January 2nd if paying annually. If that date falls on a weekend or holiday your account will be debited on the next business day. You are responsible for any fees charged by your bank that is associated with non-sufficient funds. In addition, Blazing Saddles HOA charges a \$25 fee for NSF's. Auto-pay may be cancelled if two payments are returned within a 12-month period.

**3. Termination**

Automatic debit service will remain in effect unless the Blazing Saddles HOA receives written notice from you 30 days prior to the cancellation date or until your service is terminated by the Blazing Saddles HOA.

I hereby authorize the Blazing Saddles HOA to deduct my payment(s) from the account listed above, and agree to the terms stated in the above Application and Agreement for Direct Payments.

**Name(s):** \_\_\_\_\_  
(Please Print)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_