

Recurring ACH Payment Authorization

I, _____ (full name), authorize Red Pine Community, Inc. to charge my bank account for payment of my quarterly HOA dues.

By signing below, I authorize regularly scheduled charges to my checking/savings account listed below. The account will be charged the amount of your condominium's HOA dues for each billing period. Special Assessments, if necessary, will be deducted on the due date of the assessment unless owner notifies HOA in writing at least 10 days prior to due date of the special assessment. The charge will appear on your bank statement as an "ACH Debit".

Payment of your HOA association dues will be charged to your account on the 5th day of the first month of each quarter. If the 5th falls on a non-banking day, the amount will be deducted the last banking day **prior** to the 5th. (Quarterly payments Jan 5, April 5, July 5, Oct 5)

Billing Information

Unit Owner Name(s) _____

Unit number: _____ Phone # _____

Address: _____

Email _____

Bank Details- Please attach a voided check with this form

Checking Savings

Account Name _____

Bank Name _____

Account Number _____

Routing Number _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Red Pine Community, Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the prior business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the association may at its discretion attempt to process the charge again within 30 days, and agree to an additional fee if charged by bank for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

(Account Holder's Signature)

DATE _____

