



Schedule your payment to be automatically deducted from your checking account. Just complete and sign this form to get started. Please return by mail to the Association Link office 805A Oakhurst Drive Evans, GA 30809 or by email at accounting@associationlink.net.

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment will always be on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled debits to your checking account. Your account will be debited the amount indicated on your billing statement.

Note: You must provide notification at least 7 days prior to your due date of any changes to your ACH account information.

Account # _____

Please complete the information below:

I _____ (full name) authorize _____ (company name) to debit the bank account indicated below on the due date for payment of my obligations.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Checking/Saving **Please Circle One**

Name on Acct _____

Bank Name _____

Bank Routing # _____

Account Number _____

Bank City/State _____



Terms and Conditions: I understand and agree that any and all changes in my account information, including requests to terminate this agreement, must be in writing and be delivered to company, at the above address, at least 7 days prior to the next due date. If the payment due date falls on a weekend or holiday, I understand and agree that the payment may be executed on the next business day. I understand and agree that as this is an electronic transaction, adequate funds must be available for withdrawal from my account by the payment due date. I understand and agree that, in accordance with the collection policy, all delinquent fees and delinquent interest charges will be assessed if the amount due is not received in good and collected funds by the end of the grace period. I also understand and agree that a return item charge may be assessed for each returned ACH debit in accordance with the community's collection policy. I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law and agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____