



Leading the Industry with Integrity

AUTOMATIC WITHDRAWAL AUTHORIZATION FORM (ACH)

- When your payment is due, your account is debited automatically between the 3rd and the 10th of the month.
- Complete authorization and attach a **voided check**.
- Mail form to **P.O. Box 370750, Denver, CO 80237**
- **Continue to make your payments until you are notified by the bank when your automatic payment will start.**
- If you have more than one payment obligation, you must complete a separate authorization form for each one.
- **Debits can be made directly from any U.S. Financial Institution.**
- If this is a special assessment to the association that is not currently debited, complete this form and return with the special assessment coupon.

ASSOCIATION NAME _____

Is this account that is being debited for your homeowner payment funded electronically by a Financial Agency outside of U.S. territorial jurisdiction? ____ Yes ____ No

OWNER NAME _____ **PHONE** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

EMAIL _____ (email confirmation will be sent once ACH is setup)

FINANCIAL INSTITUTION _____

BANK PHONE _____

BANK ROUTING #. _____ **CHECKING** **SAVINGS**

BANK ACCOUNT # . _____

*****Monthly/Quarterly Assessment Amount:** _____ **Date to Start ACH:** _____

I hereby authorize the above named association to debit my checking or savings account to collect my association payments. Mutual of Omaha Bank on behalf of the Managing Agent and the Association will initiate debit entries to the above named financial institution for the purpose of making those payments. I also authorize the financial institution to withdraw these payments from my account. The transfer of funds from my account will not cease until Managing Agent (AMI Advanced Management) receives written notification within 15 days before the next transaction effective date. Mutual of Omaha Bank is authorized to accept, from the association or its management company, changes in amounts, account information or cancellation of this authorization. Mutual of Omaha Bank Member FDIC.

Signature: _____

Date: _____

P.O. Box 370750, Denver, CO 80237

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