



COMMUNITY ASSOCIATION FINANCIAL SERVICES
P.O. Box 1355 ~ Rancho Mirage, CALIFORNIA 92270
DIRECT DEBIT AUTHORIZATION FORM

**The bank from which funds are withdrawn MUST operate within the United States
Federal Reserve banking system.**

Name(s) on the bank account: _____

Bank Name: _____

Routing/ABA Number (9 digits): _____

Account Number: _____

Homeowners Association Name: _____

Property Address: _____

Effective date to start ACH Payment: _____

The payment will be debited from the selected account on or after the 10th of the month.

**In order to process your request, a VOIDED CHECK must be attached to this form.
(A deposit slip is insufficient.)**

Notice to account holder: The bank, The HOA, and its designated agent, CAFS, reserves the right to terminate this automatic payment option upon written notice.

I (we) authorize Community Association Financial Services to charge the above bank account for periodic assessments. Community Association Financial Services may continue to charge the above account until written notice of cancellation is received.

AUTHORIZED SIGNATURE/DATE: _____

AUTHORIZED SIGNATURE/DATE: _____

PHONE NUMBER: _____ **EMAIL ADDRESS:** _____