

AUTHORIZATION AGREEMENT FOR AUTOMATIC ACH DEPOSITS/ACH CREDITS/DEBITS

Name of Association/Community: _____

Association/Community Account Number: _____

Name on Account: _____

Association/Property Address: _____

I/We hereby authorize **NAM Association Management, Inc.** thereafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my/our (circle one) Checking / Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

This authority is to remain in full force until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

- ACH debits will be processed on the 10 of each month or the next business day if that day should fall on the weekend or banking holiday.

NAME (Please Print) _____

DATE ____/____/____ SIGNED _____

Please attach a voided check or a letter from your bank to expedite your request.

Return completed forms to:

Email to: cdominguez@neighborhoodam.com

OR

Fax to: 1(925) 373-1532

OR

Mail to: P.O. Box 10968, Pleasanton, CA 94588