

BEACON POINT, INC
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Name (please print clearly) _____

Property Address _____

Phone Number _____ E-mail _____

I (we) hereby authorize **WESTERN ALLIANCE BANK** , to initiate debit entries from the bank account indicated below for the benefit of the depository named above. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. ***I (we) confirm that the source of the funds for payment of these debit entries will not originate from a Financial Agency's office located outside the territorial jurisdiction of the United States.***

Bank Name _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

This authorization is to remain in full effect until the Originator (Western Alliance Bank) has received written notification from the bank account owner(s) of any termination. This should be done in a suitable manner to allow all parties involved the opportunity to process any changes within a reasonable amount of time.

Account Holder Signature _____ Date _____

****Note: This form must be received in our office 15 days prior to the next assessment Due Date, with attached requested documentation. (i.e. voided check must be attached to be processed.)***

*****Note: In case of revoked authorization, written notification must be made to the originator no later than 15 days prior to the next assessment Due Date.***

Please attach a VOIDED check