



ACH Recurring Payment Authorization Form

Scheduling your payment to be automatically deducted from your checking or savings account not only saves you time, but money! No need to mail payments and pay for postage or supplies. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

It's convenient (saving you time and postage) and your payment is always on time (even if you're out of town), eliminating late charges.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 5 days prior to the payment being collected.

Please complete the information below:

I _____ authorize **First Choice Property Management** to charge the below
(Full Name As Listed on Account)
checking/savings account on behalf of _____ as indicated
(Homeowners Association Name)

below for the property address located at _____.

Payment shall be withdrawn from my account between the 1st & 5th day of each month for payment of my monthly **Homeowner's Association Dues** in the amount of \$_____. I understand that should the current association amount change, by signing this authorization, I give full permission to First Choice Property Management, Inc, to adjust my draft amount accordingly.

Billing (Mailing) Address _____ Phone# _____

City, State, Zip _____ Email _____

I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify **First Choice Property Management** in writing of any changes in my account information or termination of this authorization at least **10 days prior** to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account within the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), or a closed or suspended account, I understand that **First Choice Property Management** may, at its discretion, suspend the ACH transaction for a period of 12 months. In addition, should the above account incur an returned payment, I agree to an additional **\$36.00** charge for each returned occurrence, which I understand will not be initiated using the ACH authorized payment process. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated on this authorization form.

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____	
Bank Name	_____	
Account Number	_____	
Bank Routing #	_____	
Bank City/State	_____	



SIGNATURE _____

DATE _____

SIGNATURE _____

DATE _____

****PLEASE ATTACH A VOIDED CHECK OR BANK LETTERHEAD****

Complete and Return this form to:

First Choice Property Management
527 North Avenue Rock Hill, SC 29732
Phone 803-366-2711 - Fax 803-366-0232 – info@firstchoiceproperty.net

Management Company Use Only:

Homeowner Account #: _____ Date Entered: _____ Submitted By: _____