

Eclipse Community Management, LLC P.O. Box 750310 Dayton, OH 45475 (513) 494-4049

OWNER AUTHORIZATION FOR DIRECT DEBIT (ACH) PROGRAM

For your convenience Eclipse Community Management offers an automatic debit option to pay your association fees. Simply complete this form, attach a voided check, and mail it to Eclipse Community Management at the address above. Please note that the form must be received no later than the 20th of the month to ensure it is effective for the following month. Assessments are automatically debited on the 1st of the month unless that falls on a weekend or holiday, in which case the debit will occur on the following business day. If you enroll in this program, you will no longer receive an invoice / coupon.

Owner Name:		
Owner Address:		
Financial Institution:		
Routing Number:		
Account Number:		
financial institution provided, for the purpo association. I acknowledge that the origina of United States law. This authorization is	anagement to initiate debit entries to the according assessments and charges related ation of ACH transactions to my account must to remain in full force and effect until Eclips of its termination in such time and in such materials.	ed to my community st comply with the provisions se Community Management
Owner Name (Print)	Owner Signature	Date
ATTACH VOIDED CHECK HERE ** Please double check info ** Incorrect data will result in a \$10.00 fee for a returned ACH Payment	VOID VOID VOID VOID VOID VOID VOID VOID	Dollars VOID VOID