

# eCheck Authorization Form

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I authorize Wasatch Commons Condo Association to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below for Unit #(s) \_\_\_\_\_ . I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

## Terms of Billing

Starting on the \_\_\_\_\_ day of \_\_\_\_\_ and monthly thereafter for the amount owed to Wasatch Commons Condo Association until I provide written notice of cancelation.

## Bank Information

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Type: \_\_\_ Checking \_\_\_ Savings \_\_\_ Consumer \_\_\_ Business

This payment authorization is to remain in full force and effect until I, \_\_\_\_\_, notify Wasatch Commons Condo Association of its cancellation by sending written notice in such time and in such manner to allow both Wasatch Commons Condo Association and the receiving financial institution a reasonable opportunity to act on it.

Customer Signature: \_\_\_\_\_

Customer Printed Name: \_\_\_\_\_

Customer Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_