



## ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking account.

### KIRKRIDGE PARK COOP

If you would like to have direct deposit of your monthly dues auto debited from a checking account you will need to complete this form and submit a voided check from your account.

**RETURN TO:**  
**Kirkridge Park Cooperative**  
**8107 Kirkridge St.**  
**Bellville MI 48111**

#### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking account. You will be charged the amount of your carrying charges each billing period. The charge will appear on your bank statement as an "ACH Debit." 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 10 days prior to the payment being collected.

**Please complete the information below:    Amount per Month: \$ \_\_\_\_\_**

I \_\_\_\_\_ authorize Kirkridge Park Cooperative Management Agent to charge my bank account indicated below on the 1<sup>st</sup> day of each month for payment of my association fees.

Name of Co-owner \_\_\_\_\_ Phone# \_\_\_\_\_

Address/unit # \_\_\_\_\_ Email \_\_\_\_\_

#### Account Information:

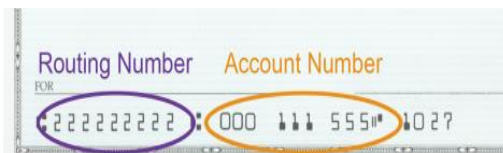
Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

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

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



**\* Please attach a VOIDED check**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Clearview Property Management Services, LLC in writing of any changes in my account information or termination of this authorization at least 15 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 I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Red Cedar may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. 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 in this authorization form.

**NOTE: Sign up of ACH must be submitted by the 20<sup>th</sup> of the month to be effective on the follow month charges.**