**Morningview Cottages HOA ACH Authorization Form**

\*\*\*This form **MUST** be accompanied by a **Voided Check**\*\*\*

Add Delete Change

Name:

Association Address:

City: State: Zip:

Phone:

**Funds Settlement Information**

Bank Name:

Bank Address (City, State, Zip):

Account Type (Business Checking, Checking, Savings):

Account Holder Name:

Account Holder Address:

City: State: Zip:

Routing # (9 digits) (do not use routing # from deposit slip)

Account #

I authorize Premier Association Management and the financial institution named above to initiate withdrawals from my financial account. **Withdrawals will only include monthly recurring charges and will not include miscellaneous charges, late fees and legal fees.** This authority will remain in effect until I notify you in writing that it be canceled.

 / /

Account Owner Signature Date

Print Name

**Notes: Please attach to this form a blank voided check from the designated account. Form and voided check should be mailed to Premier Association Management, 1120 S 2nd St #416, Minneapolis, MN 55415. Automatic payments are deducted from your account around the 1st day of each month or following business day if the 1st falls on a weekend or holiday.**

**This form must be received at the Premier Association Management office by the 20th of the month to be effective for payment of the next month’s dues; this includes additions, deletions or changes.**