



VIS GROUP, INC.

Professional Community Management

800-537-9619
 info@vismanagement.com
 vismanagement.com

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AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

click drop down arrow to select your community

I/ We hereby authorize _____ hereinafter called ASSOCIATION, to withdraw funds from my/our account indicated below at the depository financial institution named below. This form serves as authorization to withdraw funds from the specified depository in amounts equal to the regular assessment(s) and special assessment(s), if applicable, on the day specified by your community. I/ We acknowledge that the origination of ACH transaction to my/ our account must comply with the provisions of U.S. law.

Select Account Type: Checking Account Savings Account

Bank Name: _____

**ACH/Routing Number: _____ Account #: _____

Please re-enter Routing Number and Account Number

**ACH/Routing Number: _____ Account #: _____

(**Please verify that the above numbers are correct. If incorrect numbers are provided, your account will not be charged and late fees may be assessed. Do not include check number)

I would like a one-time withdraw of my previous balance of: _____ YES NO

(This will be withdrawn with the first ACH withdraw)

Name(s): _____

Full Unit Address: _____

Email: _____

I, certify by signing this document, the information provided is true and correct to enroll in ACH. VIS Group Inc. is not liable for penalties related to inaccuracies which I have included. Payments received in addition to ACH will be applied as a credit to the account. This form must be submitted before the 10th of the month prior to the scheduled transaction. It is my responsibility to cancel ANY auto-pay services currently in place and I authorize you to change all my default correspondence from this date forward from VIS to email. This is to remain in full force and effect until VIS Group Inc. has received written notification from one of the account holders of its termination no later than the 10th of the month prior to the scheduled transaction.

X _____
 Signature (required) Date

X _____
 Signature (Optional, if a shared account) Date

CANCELLATION OF ACH AGREEMENT

I hereby cancel all previous authorization for electronic payments given to VIS Group. I acknowledge that this cancellation must be received by VIS Group no later than the 10th day of the month PRIOR to the next scheduled transaction.

X _____
 Signature (required) Date

**You must verify with your financial institution the correct ABA routing/ transit number that should be used with ACH debits.
 ***Please note that an insufficient funds fee of \$35.00 for all transactions returned will be assessed to your account. **We reserve the right to turn off your ACH if any payment should be returned (e.g. NSF or No Account Found).**
 ****If you have not received confirmation of your receipt within seven (7) business days please contact our office at 800-537-9619 or info@vismanagement.com
 *****ACH activation requests must be submitted via the ACH Agreement Form no later than the 10th of the month prior to the scheduled transaction (e.g. ACH Agreement Forms must be submitted no later than November 10th for payments due in December).
 *****While Escrow does notify our office upon sale of the home, this notification is sent through USPS mail and is not sent immediately. Please notify our office immediately upon sale to cancel your ACH.
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