ACH NEW / CHANGE / CANCELLATION NOTICE

☐ **NEW** AUTHORIZATION FOR WITHDRAWAL

☐ **CHANGE** ACCOUNT WITHDRAWAL INFORMATION

☐ **CANCEL** ELECTRONIC WITHDRAWAL

Effective Date: _____

Association Name: _____

Association Account Number: _____

I (We) hereby authorize TERRA WEST MANAGEMENT SERVICES to initiate debit entries to my (our) Checking Account / Savings Account at the financial institution indicated below, and to debit the same to such account on the 1st month of each billing cycle. I (We) acknowledge that the origination of ACH transactions to my (our) bank account must comply with the provisions of U.S. law. I (We) also understand that my (our) account with the Association must have a zero balance prior to any debit entries being initiated, and that my (our) application will be canceled if the account balance is not zero within ninety (90) days of receipt of original submission.

Bank Name: _____ Branch (if applicable): _____

Bank City: _____ Bank State: _____ Bank Zip: _____

Type of Account (please select one): ☐ **CHECKING** ☐ **SAVINGS**

Transit/Routing Number *: _____ Account Number: _____
**Verify with your financial institution the correct Transit/Routing number to be used for automatic payments*

Assessment Debit Amount ($) _____ **per association's billing cycle
***Recurring withdrawal amount(s) will be adjusted automatically if an increase/decrease in Assessment occurs pursuant to the Association's adopted/ratified budget – a new form is not required to update this information.*

PLEASE PROVIDE A PHOTOCOPY OF A CHECK OR A VOIDED CHECK WITH YOUR ACCOUNT NUMBER. IF USING A SAVINGS ACCOUNT, PLEASE PROVIDE A BLANK DEPOSIT SLIP.

This authorization is to remain in full force and effect until written notification from me (us) has been received, in such time and such manner as to afford Terra West Management Services and your financial institution a reasonable opportunity to act upon it. Any payments returned by your financial institution will result in a returned payment fee assessed by your homeowner's association, cancellation of any future direct debits, and require a NEW submission of an ACH application.

Property Address: _____

Apt/Unit: _____ City: _____ State: _____ Zip: _____

Requested By (Print Name): _____

Signature: _____

Date: _____ Phone: _____

☐ **I hereby authorize to receive all ACH correspondence via email at: _____**

***All New, Change, or Cancellation applications must be received prior to the 25th of the month to take effect for the next billing cycle. Applications must be submitted via email to AR@terrawest.com**