



AUTOMATIC WITHDRAWAL AUTHORIZATION FORM (ACH)

ASSOCIATION NAME: _____

OWNER(S) NAME: _____

PROPERTY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

EMAIL: _____

(email confirmation will be sent once ACH is setup)

PLEASE ENTER YOUR BANKING INFORMATION BELOW. ALTERNATIVELY, YOU MAY ATTACH A VOIDED CHECK IF YOU PREFER.

FINANCIAL INSTITUTION: _____

BANK ROUTING #: _____ BANK ACCOUNT #: _____

CHECKING ACCOUNT: SAVINGS ACCOUNT:

IMPORTANT: This form must be received by our office by the 30th of the month for ACH to be setup for the next billing cycle. If your account is past due, the initial ACH will withdraw the entire account balance the first billing cycle. For monthly assessments, funds will be transferred from your account on the 5th day of each month. For annual accounts, funds will be transferred from your account on the 5th day of month in which the Assessment is due. If the 5th falls on a weekend or non-business day, funds will be withdrawn the next business day. Please make a copy of this Authorization Agreement for your records.

Payment Notice & Billing Questions: Once you are set up for automatic withdrawal, you will NOT receive coupon booklets. If your assessment amount changes, the new amount will automatically be deducted. If there are any additional charges on your account, you will receive a separate statement.

Stop Payment: You may stop any automatic payment by providing written notification to your financial institution at least 3 business days prior to your payment due date. You agree to also provide us with the same notification. You are responsible for any fees charged for stop payments.

Availability of Funds: You will be charged if your transfer is rejected due to insufficient funds

Termination: This authorization will remain in effect until we receive written notice from you. Request for cancellation shall be effective within 10 business days of receipt. Direct Deposit/HOA dues are subject to cancellation by Omni Management Group if two payments are returned for any reason within a 12-month period.

I hereby authorize the above-named association to debit my bank account to collect my association payments. CIT Bank, on behalf of Omni Management Group, LLC and the Association, will initiate debit entries to the Financial Institution named above for the purpose of making those payments. I authorize the financial institution to withdraw these payments from my account.

SIGNATURE: _____ DATE: _____

Please remit signed form to:

Omni Management Group, LLC
1676 Bryan Road, Ste 100
Dardenne Prairie, MO 63368

or via Email: Helpdesk@omni-management.com