AUTHORIZATION AGREEMENT
FOR DIRECT PAYMENT (ACH DEBITS)

Only accounts at a zero balance are eligible to sign-up for ACH Debit

Print Name	
Address	
City/State/Zip	
Name of Association	
Unit Number	Month & Year for First ACH Debit to account

I hereby authorize Herriman & Associates, Inc., management agent for the association named above, to initiate debit entries to my (select one) Checking Account ☐ Savings Account ☐ indicated below at the depository financial institution named below and to debit the same to such account. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of U.S. law. I acknowledge that the payment amount may change from time to time and I will receive notification of such change in general association correspondence.

I acknowledge that the first ACH debit to my account will be processed the month and year indicated above unless I am notified otherwise. Forms must be received by the 20th of the month to be processed for the following month.

This authorization is to remain in full force and effect until Herriman & Associates, Inc. has received written notification from me of its termination in such time and such manner as to afford Herriman & Associates, Inc. and my financial institution a reasonable opportunity to act on it, OR until a Status Letter is released for the sale of this property.

Routing Number	
Account Number	
Signature Required	Date

Return this form to:

Herriman & Associates, Inc.
41486 Wilcox Road, Suite 1
Plymouth, MI 48170-3104

Or to: info@herriman.net

FOR OFFICE USE ONLY
DATE ENTERED/INITIALS
PAYMENT $
MONTH & YEAR OF FIRST DEBIT