



ACH PAYMENT REQUEST



Save time, money and postage every month with ACH payments. Never again worry about sending in a check for your maintenance! You will be charged the amount indicated below each billing period, automatically. The charge will appear on your bank statement as an "ACH Debit". You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from your condominium/homeowner's association at least 10 days prior to the payment being collected.

NAME OF YOUR BANK

CHECKING

SAVINGS

BANK ACCOUNT NUMBER

BANK ROUTING NUMBER

TOTAL MONTHLY PAYMENT

START DATE

NAME

ADDRESS

ASSOCIATION NAME

UNIT NUMBER

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify USA Management in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the noted payment date falls on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that my Condominium/Homeowners Association may at its discretion attempt to process the charge again within 30 days, and my charge an additional fee. I acknowledge the the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank, so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE

SIGNATURE

MAIL COMPLETED AND SIGNED FORM ALONG WITH A VOIDED CHECK TO:

AMS-FL/USA MANAGEMENT
9000 SHERIDAN STREET
SUITE 166
PEMBROKE PINES, FLORIDA 33024