



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

- **Payments will be debited between the 1st & the 10th as your monthly, quarterly or annually payment is due & will continue with the new budgeted amount approved by your Association annually. NOTE: You cannot choose the specific date you want this to run.**
- **If this form is not rec'd by the 1st of the month, the debit will not start until the following month.**
- **If there is an account balance, it must be paid in full before your ACH Debit request is processed.**
- **This authorization is to remain in effect until Association has received written notification to cancel (30) thirty days prior to the 1st day of the following month that is scheduled to be debited.**
- **Please note that this debit will NOT include the debit of any current or future Special Assessments put in place by the Association.**
- **If you have signed up with payment via your Community Website you will need to logon and cancel this so that your payment is not duplicated. ASG is not responsible for duplicate payments or to inform you of credits on your account.**

COMMUNITY: Chapel Trail Owners Association, Inc.

MY UNIT/HOUSE ACCOUNT NUMBER (AS SEEN ON MY COUPONS): _____

NAME OF YOUR BANK: _____

BANK ROUTING #: _____ BANK ACCOUNT #: _____

OWNER NAMES(S): _____

ONSITE ADDRESS OR UNIT #: _____

PHONE NUMBER(S): _____

EMAIL ADDRESS(S): _____

I have read this form and agree to the stipulations above hereby authorize the above listed Community Association to debit my bank account as listed above.

DATE: _____ SIGNATURE: _____

**(NACHA) BANKING REGULATIONS REQUIRE
A VOIDED BANK CHECK ATTACH HERE!!**

*C/o Association Specialty Group
Address: 9050 Pines Blvd. Ste. 480, Pembroke Pines, FL 33024
Ph: 954-458-5557 & Fax: 954-458-5056
[Email Form To: RS1@ASGFLORIDA.COM](mailto:RS1@ASGFLORIDA.COM)*