Recurring ACH Payment Authorization

Management Company Name: Excalibre Management	
Association Name:	
Address Within Association:	
Association Account Number:	**Dues Assessment Amount: $**

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and 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 us at least 10 days prior to the payment being collected.

I _____ authorize _____ to charge my bank
(Full Name) (Association Name)

account indicated below for $_____ on the 7th day of each month and understand
(Dues Amount $)

this payment is for monthly HOA dues and will increase automatically with any dues increases.

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank Details (Or Attach Voided Check Addressed to HOA)

☐ Checking ☐ Savings
Account Name _____
Bank Name _____
Account Number _____
Routing Number _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Excalibre 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 above noted payment dates fall 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Excalibre Management may at its discretion attempt to process the charge again within 30 days, and agree to an additional $35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that 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 _____ DATE _____

Once completed:
mail to PO Box 200, Mentone, CA 92359
OR
email to jodi@excalibre.biz