



VIS GROUP, INC.
Professional Real Estate Management

8617 Martin Way East
Lacey, WA 98516
800-537-9619
www.vismanagement.com

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

click drop down arrow to select your community

I/ We hereby authorize Cooper Crest Homeowners Association
hereinafter called ASSOCIATION, to withdraw funds from my/our account indicated below at the depository financial institution named below. This form serves as authorization to withdraw funds from the specified depository in amounts equal to the regular assessment(s) and special assessment(s), if applicable, on the day specified by your community. I/ We acknowledge that the origination of ACH transaction to my/ our account must comply with the provisions of U.S. law.

Select Account Type: ☐ **Checking Account** ☐ **Savings Account**

Bank Name: _____

**ACH/Routing Number: _____ Account #: _____

Please re-enter Routing Number and Account Number

**ACH/Routing Number: _____ Account #: _____

*(**Please verify that the above numbers are correct. If incorrect numbers are provided, your account will not be charged and late fees may be assessed. Do not include check number)*

I would like a one-time withdraw of my previous balance of: _____ ☐ **YES** ☐ **NO**
(This will be withdrawn with the first ACH withdraw)

Name(s): _____

Full Unit Address: _____

Email: _____

I, certify by signing this document, the information provided is true and correct to enroll in ACH. VIS Group Inc. is not liable for penalties related to inaccuracies which I have included. Payments received in addition to ACH will be applied as a credit to the account. It is my responsibility to cancel ANY auto-pay services currently in place and I authorize you to change all my default correspondence from this date forward from VIS to email. This is to remain in full force and effect until VIS Group Inc. has received written notification from one of the account holders of its termination no later than the 10th of the month prior to the scheduled transaction.

X _____
Signature (required) Date

X _____
Signature (Optional, if a shared account) Date

CANCELLATION OF ACH AGREEMENT

I hereby cancel all previous authorization for electronic payments given to VIS Group. I acknowledge that this cancellation must be received by VIS Group no later than the 10th day of the month PRIOR to the next scheduled transaction.

X _____
Signature (required) Date

****You must verify with your financial institution the correct ABA routing/ transit number that should be used with ACH debits.**

*****Please note that an insufficient funds fee of \$35.00 for all transactions returned will be assessed to your account.**

******If you have not received confirmation of your receipt within seven (7) business days please contact our office at 800-537-9619 or info@vismanagement.com**

*******This authorization is to remain in full force and effect until VIS Group Inc. has received written notification from me (or either of us) of its termination no later than the 10th of the month preceding the scheduled transaction.**