

ACH Origination Agreement  
South State Bank  
Authorization Agreement  
Direct Debit

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

The Village at Redfearn HOA  
c/o Chastine Property Management, Inc.

I (we) hereby authorize The Village at Redfearn HOA, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Your BANK Name: \_\_\_\_\_

Branch Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Start Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**RETURN THIS FORM NO LATER THAN FEBRUARY 15<sup>th</sup> – EMAIL TO; [office@chastinepm.com](mailto:office@chastinepm.com)**

NOTE: ATTACH VOIDED CHECK HERE FROM YOUR CHECKING OR SAVINGS ACCOUNT  
(Deposit slips are not acceptable)