



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS Automatic Checking Deductions (ACH)

Community Name: _____ (herein after called the COMMUNITY)

Unit Owner Name: _____ E-Mail: _____

Property Address: _____ Phone: _____

I (we) hereby authorize Lynx Property Services, hereinafter referred to as MANAGEMENT, as agent for the COMMUNITY named above to initiate entries to my (our) checking/savings account at the banking institution listed below, hereinafter referred to as BANK, to debit the same to such account. I (we) understand participation in this program involves deduction from my (our) account listed below, which can be subject to corrections and/or adjustments as instructed by the COMMUNITY.

Unit Owner's Bank Name: _____

Bank Address: _____

Routing number or ABA number: _____

Account number: _____

Account Type: Checking Savings

Current amount of monthly dues or payment: _____

Frequency: Monthly Quarterly

Date due: _____

The Authorization is to remain in full force and effect until the MANAGEMENT (as referenced above) has received written notification from me (us) of its termination at least 30 days before the next scheduled transaction.

Signature of Member Date

Signature of Member (2nd authorized person) Date

Attention participants:
Please provide the Management Company a copy of a voided check to verify bank information. Returned or rejected ACH's are subject to penalty fees.

Joe Smith		0783
Any Town		63-015/670
USA		
DATE _____		
PAY TO THE ORDER OF _____ \$		
DOLLARS Dollars Permitted To Cash		
Bank Routing Number	ANK	Account Number
FOR _____		0783 ← Check Number
⑆067008155⑆ 07340982106		

Please complete and send this form and a copy of your voided check via email to: AR@lynxproservices.com

For your convenience, this form may also be completed online by visiting our website: www.LynxPropServices.com