

12468 LaGrange Rd  
Suite 144  
Louisville KY 40245



Phone: (502) 901-9600  
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## ACH AUTHORIZATION

I (we) hereby authorize Blue Arrow Property Management on behalf of The Pines Condominiums Association ("COMPANY") to electronically debit my (our) account on the 10<sup>th</sup> day of each month for monthly association maintenance fees due as follows:

Select One:

- Checking Account
- Savings Account

at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Bank Name \_\_\_\_\_  
Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_

Name(s) on the Account \_\_\_\_\_

I (we) understand that this authorization will remain in full force and effect until I (we) notify in writing that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 10 days prior notice in order to cancel this authorization.

Name(s) \_\_\_\_\_ (Please Print)

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

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

\*\* Please provide a voided check