



ACH Payment Enrollment:

Please fill out the following form to enroll in ACH Payment of Assessments for your Association. Once completed please mail the completed form along with a “Voided” check to: J. Squared Property Management, LLC, 21639 N. 12th Ave #102, Phoenix, AZ 85027

Name of Association: _____

Homeowner Information

Homeowner Name: _____

Property Address (including unit # if applicable): _____

Telephone: _____ - _____ - _____

Email: _____

Checking Account Information

(circle one) **Checking Account** or **Savings Account**

(circle one) **Personal Account** or **Business Account**

Name as it appears on my Bank Account: _____

Financial Institution: _____

Bank Account Number: _____

Routing Number: _____

Assessment Amount to be withdrawn: \$ _____

Authorization

I hereby authorize J. Squared Property Management, LLC on behalf of my Association (listed above) to initiate a deduction from my bank account at the above named Financial Institution through the Automated Clearing House (ACH) system within 5 (five) business days of the 6th of each month. Further, I authorize the Assessment Amount listed above to be withdrawn from my Bank Account each month. This authorization remains in full force and effect until revoked by company, financial institution, or J. Squared Property Management, LLC has received written notification from me requesting this service be terminated at least 10 (ten) business days prior to my scheduled draft.

Signature

_____/_____/_____
Date