

**AUTHORIZATION FOR DIRECT DEBIT**  
(ACH Debits)

\_\_\_\_\_ (hereinafter called OWNER)  
hereby authorizes Gateway Commercial Condominium Owners Association (hereinafter called GCCOA) to initiate Debit entries to OWNER's account indicated below on or about the **tenth (10th) day of each month** and the depository financial institution named below (hereinafter called DEPOSITORY) and to credit the same to such account. OWNER acknowledges that the origination of ACH transactions to OWNER's account must comply with provisions of U.S. law.

GCCOA agrees to only initiate Debit entries for such amounts due as monthly dues outlined in the Bylaws of Gateway Commercial Condominium Owners Association. Monthly dues shall be defined as the Base Common Area Dues and any Optional Services.

DEPOSITORY (name of bank): \_\_\_\_\_

Branch: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Routing/Transit #(9 digits): \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Account (check one): Checking \_\_\_\_\_ Savings \_\_\_\_\_

This authority is to remain in full force and effect until GCCOA has received written notification from OWNER of its termination in such time and in such manner as to afford GCCOA and DEPOSITORY a reasonable opportunity to act on it: **At least two (2) weeks prior to the next scheduled ACH transaction.** Otherwise, this authority will automatically terminate at such time as the property is sold, and OWNER is no longer required to make monthly dues payments. Additionally, GCCOA reserves the right to terminate all future Debit entries to OWNER's account, for any reason whatsoever, within thirty (30) days written notice to OWNER.

If insufficient funds exist in the above account to complete the ACH transaction, or if the above account has been closed or was non-existent, then the failed transaction will be treated as a NSF payment (**a \$30 NSF fee will be charged in addition to the dues**). After two (2) such failed ACH transactions GCCOA shall immediately terminate all future Debit entries to OWNER's account.

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

Printed Name of Authorized Signer (Business Accounts): \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**ATTACH VOIDED CHECK HERE**