



Leading the Industry with Integrity

AUTOMATIC WITHDRAWAL AUTHORIZATION FORM (ACH)

- ◇ When your payment is due, your account is debited automatically between the 5th and the 10th of the month (unless assessments are paid quarterly, semi-annually or annually – then it will be during that billing period) or the next business day.
- ◇ Complete authorization and attach a voided check.
- ◇ Mail form to P.O. Box 370750, Denver, CO 80237 or email to clientcare@amihoa.com.
- ◇ Continue to make your payments until you are notified by the bank when your automatic payment will start.

ASSOCIATION NAME _____

OWNER NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ (email confirmation will be sent once ACH is setup)

FINANCIAL INSTITUTION _____

BANK ROUTING # _____ CHECKING SAVINGS

BANK ACCOUNT # _____

Date to Start ACH: _____

***** The amount of withdrawal will be the balance owing on the account.**

I hereby authorize the above-named association to debit my checking or savings account to collect my association payments. Mutual of Omaha Bank on behalf of the Managing Agent and the Association will initiate debit entries to the above-named financial institution for the purpose of making those payments. I authorize the financial institution to withdraw these payments from my account. The transfer of funds from my account will not cease until Managing Agent (AMI Advanced Management) receives written notification within 15 days before the next transaction effective date. Mutual of Omaha Bank is authorized to accept, from the association or its management company changes to account information or cancellation of this authorization. Mutual of Omaha Bank Member FDIC.

Signature: _____

Date: _____

P.O. Box 370750, Denver, CO 80237

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