



Jamestown Village Homeowners Association

ACH DIRECT PAYMENT ENROLLMENT FORM

Instructions:

- Complete the form below to begin using the Automatic Clearing House (ACH) Payment System.
- You **MUST** include a voided check (a deposit slip cannot be used).
- If this is a Savings Account Withdrawal, you may include a deposit slip for the account.
- Deposits will be made electronically to our Association Bank: Bremer Bank, 11800 Single Tree Ln. Eden Prairie, MN 55344-5328
- A service charge of \$20.00 will be placed on your account for each returned transaction.

Privacy Act Statement

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used to transmit payment data, by electronic means, to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

Authorized Agreement for ACH Direct Payments

I hereby authorize and request Jamestown Homeowners Association or its agents to debit my (our) checking or savings account at the banking institution listed below for payment of homeowner association monthly dues. I hereby authorize and request the banking institution to accept debit entries initiated by the Jamestown Homeowners Association and to debit the same to my account without liability for the correctness of the entries. I understand that my account will be debited each billing cycle between the 1st and 10th of the month. It is understood and agreed that I may withdraw from participation at any time by notifying the Jamestown Homeowners Association bookkeeper in writing 10 days before the 1st day of the month that I am billed. If I withdraw after the 10th day of the month, my participation will not be terminated until the next billing cycle.

Today's Date: _____

Homeowner(s) Name: _____
Print Name of Homeowner(s)

Homeowner(s) Signature: **X** _____
Signature

Mailing Address, City, State, Zip: _____

Financial Institution Name: _____

Financial Institution Routing Number: _____
Located at the bottom of your check between the symbols: ■ ■

Amount of monthly Association Dues: **\$** _____

- Type of Account: Checking. Savings.
- I am authorizing: Automatic Payment for the first time. A change to previous my application.
- List change(s): _____

PLEASE ATTACH A VOIDED CHECK HERE.

Mail this form to: **Jamestown Village Homeowners Association**
c/o Accounting
P.O. Box 41064
Plymouth, MN 55441