

SUDDEN VALLEY COMMUNITY ASSOCIATION
4 Clubhouse Circle Bellingham, WA 98229
AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL (ACH
DEBITS & CREDITS) FROM UNITED STATES BANK ACCOUNTS

- ☐ YES, I wish to have Sudden Valley Community Association automatically withdraw my dues and special assessment payments from my checking / savings account.
- ☐ NO, I do not wish to participate at this time.
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If YES, please complete the information below and **RETURN to Accounting** to begin withdrawals.

I hereby authorize Sudden Valley Community Association (SVCA) to initiate debit entries and initiate, if necessary, credit entries and adjustments for any debit entries in error from my account as indicated below.

(select one)
☐ CHECKING ☐ SAVINGS

Withdrawals will be made monthly on the 5th of each month or the first business day following.

The account number for this account is below along with the name of the United States financial institution to debit and/or credit the same from such account.

Financial Institution _____

Routing Number _____

Account Number _____

If you need assistance determining the Routing Number or the Account Number, please contact the SVCA Accounting Department at 734-6430.

This authority is to remain in full force until SVCA has received written notification of its termination in such time and such manner as to afford SVCA and the Financial Institution a reasonable opportunity to act on it.

Name _____ Date _____
(please print)

Address _____

City _____ State _____ ZIP _____

Division _____ Lot _____

Email: _____

Signature _____