PROGRESSIVE
ASSOCIATION MANAGEMENT

Progressive Association Management
ACH Debit Authorization Form

No cost payment option

Note: Once enrolled in ACH you will no longer receive monthly statements as the deduction is automatic.

As an authorized signer on the Depository Account presented, by completing and signing this form you give Progressive Association Management permission to collect/debit your account on a monthly basis, for the amount indicated on or after the indicated date. This authorization is to remain in full force and effect until Progressive Association Management has received written notification from me of its termination.

Please complete the information below:

I, (name) _____ authorize Progressive Association Management on behalf of my Association to deduct my monthly recurring amount due. Deductions occur on the 5th of every month, or the next available business day.

Association Name: _____ Account Number: _____

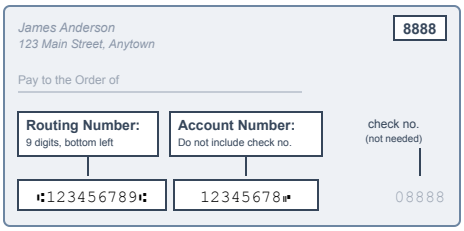
Property Address: _____ City, State, Zip: _____

Email: _____ Phone: _____

Depository Bank _____ ☐ Checking

Routing Number _____ ☐ Savings

Account Number _____



By signing below, I authorize direct payments from my provided bank account to be collected by Progressive Association Management on behalf of my Association as the authorized signer on this Depository Account. In the event of non-sufficient funds or stop payments, penalties of $25.00 can be applied.

SIGNATURE _____ **DATE** _____

Fax to: (714) 528-5522
Scan & Email to: receivables@progressive-am.com

Progressive Association Management
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