PROGRESSIVE
ASSOCIATION MANAGEMENT

Homeowners Association – Special Assessment AutoPay Authorization Form

Authorization for Direct Debit (ACH) Payments

This form authorizes Progressive Association Management, on behalf of your Association, to initiate recurring electronic debit entries for the special assessment to the bank account indicated below.

OWNER INFORMATION

- **Owner's Full Name:** _____
- **Association Name:** _____
- **Account Number (if applicable):** _____
- **Property Address (Unit):** _____
- **Email / Phone:** _____

BANK INFORMATION

- **Bank Name:** _____
- **Bank Routing Number:** _____
- **Bank Account Number:** _____
- **Account Type:** ☐ Checking ☐ Savings

PAYMENT INFORMATION

- **Assessment Amount: $** _____ per ☐ month ☐ quarter ☐ other: _____
- **Start Date (First Payment):** ____ / ____ / _____
- **End Date (if applicable):** ____ / ____ / _____
- **Frequency of Payments:** ☐ Monthly ☐ One-Time ☐ Other: _____
- **Payment Withdrawal Date:** ____ (e.g., 1st of each month)

TERMS AND AUTHORIZATION

I authorize my Association, Progressive Association Management on its behalf, and the financial institution named above to initiate automatic debit entries to my account for the amount and frequency specified above. This authority will remain in effect until I notify Progressive Association Management in writing to cancel or change it, allowing reasonable time to act on the notice.

I acknowledge the special assessment is required per the Association's governing documents and understand that insufficient funds or rejected payments may result in late fees or penalties.

OWNER'S SIGNATURE: _____

Printed Name: _____

Date: ____ / ____ / _____

Please return this completed form to:
receivables@progressive-am.com or fax to (714) 528-5522