



## Homeowners Association – Special Assessment AutoPay Authorization Form

### Authorization for Direct Debit (ACH) Payments

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

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#### OWNER INFORMATION

- Owner's Full Name: \_\_\_\_\_
- Account Number (if applicable): \_\_\_\_\_
- Property Address (Unit): \_\_\_\_\_

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#### BANK INFORMATION

- Bank Name: \_\_\_\_\_
- Bank Routing Number: \_\_\_\_\_
- Bank Account Number: \_\_\_\_\_
- Account Type: ☐ Checking ☐ Savings

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#### 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)

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#### TERMS AND AUTHORIZATION

I authorize [Your HOA Name] 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 [Your HOA Name] in writing to cancel or change it, allowing reasonable time to act on the notice.

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

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**OWNER'S SIGNATURE:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please return this completed form to:**

Receivables@progressive-am.com