

ACH ORIGINATION FORM

YOU MUST ATTACH A VOIDED CHECK OR A COPY OF A CHECK

I authorize Neighborhood Services Corporation to initiate entries to my checking/savings account as directed below. This authority will remain in effect until I notify NSC in writing to cancel it in such time as to afford NSC a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 day before my account(s) is charged for a normal stop payment fee. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my bank statement or 60 days after posting.

PLEASE NOTE THAT ALL NSF RETURNS WILL BE SUBJECT TO A \$25.00 CHARGE FROM NEIGHBORHOOD SERVICES CORPORATION

ACCOUNT TO BE CREDITED

ALL ACCOUNTS WILL BE DRAFTED BETWEEN THE 10TH AND 20TH OF THE MONTH

NAME: _____

ADDRESS: _____

NAME OF NEIGHBORHOOD HOA: _____

ACCOUNT NO: _____ CHECKING _____ SAVINGS

ROUTING NUMBER: _____

FINANCIAL INSTITUTION NAME: _____

DESCRIPTION OF ENTRY

AMOUNT: _____

MONTH DRAFTS COMMENCE _____
(NSC must receive this form at least 10 days prior to the date of first draft)

FREQUENCY: _____ monthly

CUSTOMER SIGNATURE

DATE

For company use: Processed: _____ Date: _____