

## Sun Lakes ACH Authorization Form

<b>4-Digit Unit/Lot#:</b>	<b>Association:</b> Sun Lakes Homeowners Association #1, Inc.	
<b>Owner Name (please print):</b>	<b>Owner Name (please print):</b>	
<b>Street Address:</b>	<b>City &amp; State:</b> Sun Lakes, AZ	<b>Zip code:</b> 85248
<b>Daytime Phone Number:</b>	<b>Email Address:</b>	

I (we) hereby authorize Sun Lakes Homeowners Association #1, Inc., to initiate debit entries to my (our) checking/savings account at the financial institution named below:

<b>Financial Institution:</b>	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
<b>Account Number:</b>	<b>Routing Number:</b>

*Your ACH payments will be initiated on or around the 5th of the month. They will be debited from your account on or around the 15th of the month, depending on your bank. To ensure processing on the effective month, please make sure your ACH form and voided check is submitted before the 5th.*

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SIGNATURE (REQUIRED)

DATE

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SIGNATURE (REQUIRED)

DATE

If you have questions or need further information, please contact:

Accounting Department, A/R Specialist	Phone Number: (480) 895-9270, Ext. 153 or <b>Email: mhatch@slhoa1.com</b>
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**ATTACH THE VOIDED CHECK HERE:**