



**ELECTRONIC FUND TRANSFER PAYMENT AUTHORIZATION FORM**  
**ALL INFORMATION MUST BE PROVIDED TO PROCESS ELECTRONIC FUNDS TRANSFERS**

**Association Name:** \_\_\_\_\_

**Homeowner Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Check Appropriate Box:**

- I am signing up for ACH for the **1st time**.
- I am **updating** the account my ACH payments are made from.

This is my authorization of my bank, named below, to deduct from my account as identified below to pay my periodic assessment payment to the association.  
**The debit entry will be made on the first business day\* of every month** commencing with \_\_\_\_\_, 20\_\_\_\_\*\*. The authorization will remain in effect until written notice of cancellation is received by Realty Performance Group.

*\*All Payments will be processed on the FIRST business day of each month\**  
*\*\* Please note: Form must be received in office at least 14 days prior to the first of the month in which you wish for the automatic payments to begin. \*\**

**Bank Name:** \_\_\_\_\_

**Amount to be deducted:** \$ \_\_\_\_\_

**Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please attach a blank voided check, so we can verify the necessary routing and account numbers.**

**Buffalo Office**

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