ACH FORM

PARADISE VISTA HOMEOWNERS ASSOCIATION

Authorization Agreement for Preauthorized Payments

enTrust Association Management

Company Name:

A Division of AMMRE, Property Managemen Paradise Vista Homeo	nt Trust Account for
Property Street Address:	
I hereby authorize enTrust, hereinafter called 0	COMPANY, to initiate debit entries to the
() Checking acco	ount () Savings account
Indicated below and the depository named bel such account. I am a signor on the accoun	elow, hereinafter called DEPOSITORY, to debit the same to nt indicated below.
Name of Bank:	Amount: Outstanding Balance
City:	State: Zip:
Routing #:	Account:
FEES WILL BE DRAFTED ON THE FIRST B	SUSINESS DAY OF JANUARY.
	fect until COMPANY and DEPOSITORY have received in such time and in such manner as to afford COMPANY act on it.
NAME ON ACCOUNT:	(please print)
Signature:	Date:
Note: All written debit authorizations must proby notifying the originator in writing the manne	rovide that the receiver may revoke the authorization only ner specified in the authorization.

A COPY OF A VOIDED CURRENT CHECK MUST BE ATTACHED

Return Form to:

enTrust Association Management; 2823 Richmond Dr NE; Albuquerque, NM 87107 Ph (505) 266-2000 / fax (505) 266-0300