

# ACH FORM

## LOS SUENOS DE ALBUQUERQUE HOMEOWNERS ASSOCIATION

### Authorization Agreement for Preauthorized Payments

**Company Name:** *enTrust* Association Management  
A Division of AMMRE, Inc.  
Property Management Trust Account for  
Los Suenos de Albuquerque Homeowners Association

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

I hereby authorize *enTrust*, hereinafter called **COMPANY**, to initiate debit entries to the

( ) **Checking account**      ( ) **Savings account**

Indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. **I am a signor on the account indicated below.**

**Name of Bank:** \_\_\_\_\_ **Amount:** Outstanding Balance

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Routing #:** \_\_\_\_\_ **Account:** \_\_\_\_\_

**FEES WILL BE DRAFTED ON THE FIRST BUSINESS DAY OF THE MONTH OF THE QUARTER DUE.**

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**NAME ON ACCOUNT:** \_\_\_\_\_ (please print)

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

Note: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in writing the manner 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