



ACH AUTHORIZATION FORM

I (we) hereby authorize BODEGA HARBOUR HOMEOWNERS ASSOCIATION (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION) and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to complete.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State & Zip)

(Signature)

(Date)

(Member Name)

(Parcel No.)

(Member Mailing Address on file with Financial Institution)

Financial Institution Routing Number: _____

Account Number: _____

Checking **OR** Savings

Select all that apply:

- Deduct the full amount of quarterly assessments on the 10th day of the month in which the assessments are due (January, April, July, and October).
- Deduct the full amount of any balance currently due on my homeowners account on the last day of the month.

***Please print & mail to: P.O. Box 368, Bodega Bay, CA 94923
Questions? Call (707) 875-3519
Thank you!***