

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Property Name: \_\_\_\_\_ Unit/Lot Number: \_\_\_\_\_

I (we) hereby authorize \_\_\_\_\_ c/o Aloha Property Management Inc., hereinafter called COMPANY, to initiate \_\_\_ monthly, \_\_\_ quarterly, \_\_\_ semi-annual, or \_\_\_ annual (check one) debit entries to my (our) \_\_\_ Checking Account or \_\_\_ Savings Account (check one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account for periodic maintenance fees. I (we) acknowledge that the origination of ACH (Automated Clearing House) transactions to my account must comply with the provisions of United States law.

Depository Name: \_\_\_\_\_

Branch: \_\_\_\_\_

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

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

This authorization is to remain in full force and effect until the COMPANY has received written or email notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Owner Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Phone Number: \_\_\_\_\_

Best Contact Phone Number: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**NOTE: DEBIT AUTHORIZATION MUST PROVIDE THAT THE COMPANY MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE PROPERTY OWNER(S) IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

**Please mail, fax, or email this completed form to:**

**Aloha Property Management Inc.** 115 E Lipoa St #100 Kihei, HI 96753  
Phone: 808-891-0053 Fax: 808-891-1035  
Email: team@apmhawaii.com