



ACH Authorization Form

TWC is pleased to offer you an **Automated Payment Plan** so that you may have your association dues paid automatically from your checking account.

It's easy, convenient, and requires no change in your current banking relationships.

Please print in blue or black ink and return this form to TWC along with a voided check.

How does the Automatic Payment Plan work?

By filling out this form, you will be authorizing regularly scheduled association fee payments to be made from your checking account. Your payment will be made automatically on the fifth (5th) day of each month (or the 5th day of the first month of the quarter for quarterly payments), or the following business day when the fifth (5th) falls on a weekend or holiday. Each payment deducted will appear as a debit on your monthly bank statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.

Authorizations received by TWC by the 20th of the month will be activated for the following month's electronic fee transfer. Authorizations received by TWC after the 20th of each month will be activated the second month (i.e., received after January 20 will be activated in March).

For questions? Email, Call, fax or write to:

TWC Association Management
397 Herndon Parkway Suite 100
Herndon, VA 20170
(703)437-5800
Fax (703)471-6578
info@twcmanagement.com

AGREEMENT FOR AUTOMATIC PAYMENTS AND CREDITS.

I authorize TWC Association Management to begin electronic debit entries from my checking account listed below for association fees and I authorize my financial institution to debit the same to my account.

Please note that there is a \$35.00 charge to your account if your payment is rejected for any reason, i.e., NSF, closed account, etc.

HOMEOWNER INFORMATION

Association Name: _____
Homeowner Account number: _____
Homeowner Name: _____
Property Address: _____

Email Address: _____

BANK INFORMATION

Name of Bank: _____
Name of Account Holder: _____
Transit/ABA Number: _____
(9 digit # between the two colons on the bottom of your check)
Bank Account Number: _____
Month Withdrawals to Begin: _____

- I am providing a voided check to initiate this agreement.
- I am not providing a voided check. I certify that the above-listed account information is correct. I understand that TWC will not be held accountable for incorrect information.

 THIS IS A CHANGE OF BANKING ACCOUNT INFORMATION ONLY

ADDITIONAL INFORMATION

Terms of Agreement: I have an account(s) at the financial institution named and for all debit entries have funds sufficient to pay such entries. Automated debit entries shall be initiated by TWC on the fifth (5th) day of each month (or first month of the quarter) or first business day after the fifth (5th) and the entries on my bank statement shall constitute my receipt for the transaction. No payment to TWC shall be deemed to have been made unless and until TWC receives actual credit. I also understand that if the funds in my account are not sufficient to cover the amount debited, I will be charged a \$35.00 service fee.

The automatic debiting of my bank account is voluntary and will be debited on a monthly/ quarterly basis until written notice of cancellation is received by TWC. TWC reserves the right to refuse or terminate automated payments services. This agreement is to remain in effect until TWC receives written notification of its termination and has sufficient time to act on it.

Owner Signature: _____
Date: _____