



ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Complete this form, attach a voided check and email to us at info@vintagegroupre.com or it may be mailed to the address below to get started! You will receive confirmation advising of your recurring payment start date. Enroll today!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the assessment amount per the approved budget each billing period. The assessment payment will be processed between the 5th and 10th of the month that it is due. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from the association at least 30 days prior to the payment being collected.

Please complete the information below:

I hereby authorize _____ (association name) hereinafter called association, to initiate debit entries to my account in the financial institution named below, to debit the same to my account in an amount equal to my monthly/quarterly assessments (as may be determined by my association). This authorization does not require the association to initiate such debits, and I expressly acknowledge that I am responsible for my payments regardless of whether the association exercises its authority to debit my account regardless of whether there are sufficient funds on deposit in my account. I expressly agree that the association's liability under this authorization agreement shall be limited, exclusively to amounts which are negligently or intentionally debited by the association, and which exceed my assessment.

This authorization is to remain in effect until the association has received written notification from me of its termination in such time and manner as to afford the association and my financial institution a reasonable opportunity to action it. Any changes must be received not later than the 15th of the month proceeding the requested change.

Print Name _____

Signature: _____

Association Account # _____

Phone# _____

Property Address _____

City/State/Zip _____

Email _____

Date _____

Attach VOIDED CHECK here Account Type: ☐ Checking ☐ Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Customer rights and obligations with respects to such entries are governed by applicable law and the rules of the National Automated Clearing Housing Association ("NACHA"), as amended from time to time. Customer acknowledges that it shall be bound by NACHA Rules and agrees not to initiate any Entry in violation of the NACHA rules or applicable federal or state law or regulation including, without limitation, Regulation E.

Vintage Group ~ Phone (855) 403-3852 ~ Fax (800) 996-3051

24422 Avenida De La Carlota, Suite 450, Laguna Hills, CA 92653