

**Finney Crossing Residential Master Association  
Debit (EFT/ACH) Authorization Agreement  
For Monthly Homeowner Association Dues to Finney Crossing**

**Regarding:** \_\_\_\_\_(Print Tenant Name) for: \_\_\_\_\_(Property Address) (Unit #)

In conjunction with NBT Bank, I (we) hereby authorize **Finney Crossing Residential Master Association/Finney Crossing Condo Association** to initiate debit entries (also known as Electronic Fund Transfers or Automated Clearing House payments) to my (our) account indicated below and the financial institution named below (hereafter called "Financial Institution") to debit the same from such account monthly in payment of Homeowners Association dues and payable for my unit(s) at **Finney Crossing Residential Master Association/Finney Crossing Condo Association**, as they become due, which debits will be in the amount of \$\_\_\_\_\_ per month. I (we) hereby authorize **Finney Crossing Residential Master Association/Finney Crossing Condo Association** to initiate the debit on the 1<sup>st</sup> day of each month (**See How Preauthorized Debits Work** below) beginning \_\_\_\_\_, 20\_\_ and continuing on the 1<sup>st</sup> of every month through \_\_\_\_\_, 20\_\_. I shall allow future Homeowner Association Dues Increases as it relates to my agreement with the Homeowners Association.

**How Preauthorized Debits Work.** The transfer date will be the 1<sup>st</sup> of the month. The preauthorized charge will be attempted on the transfer date. Funds must be available for withdrawal on the transfer date. If the transfer date is a non-business day, the transfer will be processed on the next business day. If a debit is returned by the Financial Institution, the transfer will be attempted again. This will occur until funds are available or **Finney Crossing Residential Master Association/Finney Crossing Condo Association** terminates this agreement. A non-sufficient fund fee will be assessed for each debit that is returned. **Finney Crossing Residential Master Association/Finney Crossing Condo Association** may terminate this agreement if any three debit entries are returned by the Financial Institution. If a payment is not made before the grace period expires, a late charge will be assessed. I (we) acknowledge that the origination of such debit transactions from my (our) account(s) must comply with the provisions of the U.S. law.

**Please complete this information about the checking/savings account and financial institution from which funds will be debited.**

\_\_\_\_\_  
**Financial Institution (holding the deposit account)**

\_\_\_\_\_  
**Address of Institution**

\_\_\_\_\_  
**Name of PRIMARY account holder**

\_\_\_\_\_  
**Routing Number (will be 9 digits)**

*Check One*

☐ Checking \_\_\_\_\_  
Account Number

☐ Savings \_\_\_\_\_  
Account Number

The authority granted by this agreement shall remain in full force and effect until **Finney Crossing Residential Master Association/Finney Crossing Condo Association** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **Finney Crossing Residential Master Association/Finney Crossing Condo Association** and Financial Institution a reasonable opportunity to act on it. I (we) have read, understand, and agree to the terms stated herein.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Telephone Number (Work): \_\_\_\_\_ Telephone Number (Home) \_\_\_\_\_

Telephone Number (Mobile): \_\_\_\_\_ Email: \_\_\_\_\_

**A VOIDED CHECK OR BANK PRINT OUT MUST ACCOMPANY THIS DOCUMENT OR THE AUTOMATIC PAYMENTS WILL NOT BE SET UP. COMPLETED FORMS MUST BE RECEIVED 15 DAYS PRIOR TO THE START DATE.**