

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM**  
**509 Elm Residences Association, Inc.**

1. Name: \_\_\_\_\_

2. Phone: \_\_\_\_\_

3. Street Address: \_\_\_\_\_

4. Unit # : \_\_\_\_\_

5. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Date you would like ACH Draft to be initiated from your account (we will initiate the draft as close to this date as possible depending on holidays or weekends. Please indicate a day of the month between the 1<sup>st</sup> and 10<sup>th</sup> to avoid any late charges or additional charges)

\_\_\_\_\_

As a duly authorized check signer on the financial institution account identified below, I authorize "509 Elm Residences Association, Inc." to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for association payments due or when applicable. I understand the dollar amount can vary depending on assessment budgeted.

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF), I authorize, "509 Elm Residences Association, Inc." to collect a returned item fee of \$25.00 per item by electronic debit from my account identified below.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below.  
I understand and authorize all of the above as evidenced by my signature below.

AUTHORIZING SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Financial Institution account "identifying information":**

Enter financial institution account information into the fields provided below or attach a blank VOID check.

<b>Financial institution:</b>	<b>Branch:</b>	
<b>City:</b>	<b>State:</b>	<b>ZIP CODE:</b>
<b>9 Digit Transit/ABA #</b>	<b>Account #</b>	

Attach Blank VOID Check here

Please complete and return this form by mail

**509 Elm Residences Association, Inc.  
509 Elm Street #405  
Dallas, Texas 75202**