



**HOA SERVICES PLATFORM  
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS  
(ACH DEBITS)**

**NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY**

I (we) hereby authorize Signature Management Solutions, LLC, hereinafter called "Company," to initiate debit entries to my (our)  Checking Account or  Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called "Depository," and to debit the same to such account for the purpose of collecting assessments for my community association. I (we) understand that this debit will occur on or about the 1st of each month in which assessment payments are due. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

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

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

Routing Number (9 digits): \_\_\_\_\_ Account Number: \_\_\_\_\_

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

My association is: \_\_\_\_\_

My unit address is: \_\_\_\_\_

Name(s): \_\_\_\_\_ (Please print) \_\_\_\_\_ (Please print)

Signature(s): \_\_\_\_\_

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

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**PLEASE RETURN FORM AND VOIDED CHECK TO:**  
Signature Management Solutions, LLC  
498 Palm Springs Drive, Suite 210  
Altamonte Springs, FL 32701

Or via email to [accounting@sigmgmt.com](mailto:accounting@sigmgmt.com)

**Management Company Use Only:** \_\_\_\_\_

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

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