



**Authorization for Direct Debit**  
(ACH Debits)

\_\_\_\_\_ ("Resident") authorizes KMB PROPERTY MANAGEMENT ("Manager") to initiate Debit entries to Resident's account indicated below ("Account") on or around the **1st** day of each month and Resident authorizes the depository financial institution named below to debit the same to the Account. Resident acknowledges that the origination of ACH transactions to Resident's account must comply with provisions of U.S. law.

Manager agrees to only initiate Debit entries for such amounts due as Monthly Home Owner's Association Dues under contracted agreement between Manager and Association. Monthly Dues Payments shall mean the base dues payment and any applicable additional fees (such as violations regulated under the Association Bylaws) due.

Depository Financial Institution Name: \_\_\_\_\_

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

Routing/Transit # (9 Digits): \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account (Check One): ☐ Checking ☐ Savings

This authorization will remain in full force and effect until the earlier of: (1.) two (2) weeks after Resident provides Manager with written notice that Resident wishes to terminate this Authorization; or (2.) the expiration or termination of the Contract for any reason. Additionally, Manager reserves the right to terminate all future debit entries to Resident's Account for any reason whatsoever with thirty (30) days' prior written notice to Resident.

If insufficient funds exist in the Account to complete the ACH transaction, or if the Account has been closed or is non-existent, then the failed transaction will be treated as an NSF Payment with respectable fees applicable as stated above. After two (2) failed ACH transactions, Manager may immediately terminate all future debit entries to Resident's Account without any prior written notice to Resident.

HOA Name: \_\_\_\_\_

Resident Name(s): \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**THIS FORM MUST BE RETURNED TO KMB BY THE 20TH TO PULL DUES FOR THE FOLLOWING MONTH.**

**ATTACH VOIDED CHECK TO FORM**

**KMB MANAGEMENT**  
625 1st Avenue SE  
Cedar Rapids, IA 52401  
319.826.2683 | [www.kmbmanagement.com](http://www.kmbmanagement.com)

*With offices in Cedar Rapids, Iowa City, and the Quad Cities*