

# ACH Direct Debit Authorization

## Bridgewood Estates

New Authorization  Change Authorization  Cancel Authorization

Bank Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Your Name (Name on Bank Account): \_\_\_\_\_

Your Address: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

I hereby authorize HOA Community Solutions (as the managing agent for Bridgewood Estates) to initiate, change, or cancel debit entries against my account. This authority is to remain in effect until the Association has received written notice from me regarding its termination.

**I understand that one-half of the Bridgewood annual assessment will be deducted on February 5<sup>th</sup> and the remaining half of the assessment will be deducted on August 5<sup>th</sup>.**

I understand that if I wish to make changes to my debiting status, those changes must be received by the 15th of the month prior, for the change to take effect the following month.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

PLEASE RETURN THIS FORM **WITH A VOIDED CHECK** TO HOA COMMUNITY SOLUTIONS:

- CONFIDENTIAL FAX: (253) 313-1219
- Scan and email to: [juanita@hoacommunitysolutions.com](mailto:juanita@hoacommunitysolutions.com)
- Mail to: Bridgewood Estates, P. O. Box 364 - Gig Harbor, WA 98335