## **ACH / DIRECT DEBIT AUTHORIZATION FORM**



(we) hereby authorize United Property Associates (UPA), managing agent for				
adjustments for any	y transactions debited	d in erro	or. This authority will remain in	ution listed below and if necessary, initiate effect until UPA is notified by me (us), o on a reasonable opportunity to act on it.
NAME OF PROPE	RTY OWNER'S FINAI	VCIAL I	NSTITUTION OR BANK	
X				
PROPERTY OWNE	ER(S) SIGNATURE			DATE
NAME OF PROPER	RTY OWNER(S) – PL	EASE F	PRINT	
<b>PROPERTY</b> ADDR	ESS – PLEASE PRIN	IT		
MAILING ADDRES	S (IF OTHER THAN PRO	PERTY A	DDRESS) – PLEASE PRINT	
EMAIL ADDRESS	(FOR CONFIRMATION OF	DIRECT	DEBIT) – <b>PLEASE PRINT LEGIB</b>	BLY
If this authorization on the 2 <sup>nd</sup> of	is received by United	Propert 	ty Associates prior to the <b>20</b> <sup>th</sup> <b>of</b>	the current month the first draft will occur
Each payment there	eafter will occur on the	2 <sup>nd</sup> da	y of the month in which payme ayment will be drafted on the follo	ent is due unless the 2 <sup>nd</sup> should fall on a owing business day.
Account Type	☐ CHECKING	or	☐ SAVINGS* (*NFCU does not allow	v ACH from savings accounts)
BANK ROUTING N	UMBER (First Set of I	Number	rs – 9 digits):	
BANK ACCOUNT N	NUMBER (Second Set	t of Nun	nbers):	

## PLEASE INCLUDE A VOIDED CHECK IF AVAILABLE

Return this completed form and voided check to:

ach@unitedpropertyassociates.com

or

United Property Associates Attn: ACH 301 Bendix Rd, Ste 300 Virginia Beach, VA 23452-1385

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