

New _____	Update _____
SP # _____	Start Date _____
For Office Use	

**PRM Association Management**

P.O. Box 5878, Peoria, AZ 85385

623-974-8585 Fax: 623-974-8458

Email: [prm@prmaz.net](mailto:prm@prmaz.net)

**~SurePay Authorization Form~**

for

Automatic Payment (ACH) of Association Fees

SurePay is an electronic system for making association payments without writing or mailing checks.

The payer completes this Authorization Form and returns it with a **VOIDED CHECK OR ENTER ROUTING & ACCOUNT NUMBER** information to PRM Association Management for processing.

**Monthly, quarterly, or semi-annually a deduction is made from the bank account provided, on the 8<sup>th</sup>/eighth day or closest business day to the 8<sup>th</sup>/eighth day of the month your association fee is due.**

SurePay can be stopped, or account changed by notifying PRM in writing.

**Note:** Banking rules mandate a specified number of days must pass before this authorization can be put into effect.

Please complete and return to PRM Association Management at the above address. Thank You.

Association Name: \_\_\_\_\_

Payer's Name: \_\_\_\_\_

Address of Unit for this Authorization: \_\_\_\_\_

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

Bank: \_\_\_\_\_ Routing # : \_\_\_\_\_ Account # : \_\_\_\_\_

I hereby authorize the bookkeeping service employed by the above association to deduct recurring association fees from the specified bank account, and to deposit the same directly into the association's bank account.

Payer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** This authorization will remain in effect until canceled by the Payer or until the unit address above is sold.