



ASOCIACION DE CONDOMINIOS  
**PLAYA AZUL 3**  
PH: 787.889.3050

P.O. BOX 1014  
LUQUILLO, PR, 00773-1014

WWW.PLAYAAZUL3.COM

**ACH Debit Authorization Form**

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

**Authorization Agreement for Automatic Debits**

I/We hereby authorize Cond Playa Azul 3 to initiate debit entries to my/our (our) Checking or Savings Account indicated below at the depository financial institution named below, hereinafter referred to as Financial Institution, and to debit the same to such account.

Fee: \$1.25 per transaction will be applicable \_\_\_\_\_ Initials

**Name of Account Holder(s):**

**Type of Account:** [Checking/Savings]

**Financial Bank Institution Name:**

**Financial Bank Institution Address:**

**Routing Number:**

**Account Number**

This authority is to remain in full force and effect for 24 months "until revoked in writing".

I/We agree to notify Playa Azul 3 in writing of any changes in our account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day.

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

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

Print Name: \_\_\_\_\_

**Instructions:**

1. Fill out all fields accurately.
2. Sign and date the form.
3. Return the completed form for processing.

**Important Notes:**

- ACH debits will be processed using the information provided.
- Keep a copy of this form for your records.
- This authorization is voluntary and you may cancel it at any time by notifying Playa Azul 3 in writing.

Please ensure that the information matches exactly with what your financial institution has on file to avoid processing delays or errors. If you have any questions or need further assistance, feel free to ask.

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