



JDH Association Management Co.

AUTOMATIC DRAFT APPLICATION

PAYOR INFORMATION

First Name : _____

Middle Initial: _____

Address: _____

City: _____

State: _____

Home Phone: _____

Work Phone: _____

Email: _____

Driver License: _____

BANK INFORMATION

Bank Name: _____

ABA Routing Number: _____

Accounting

Account Class:

Personal

Commercial

Account Type:

Checking

Savings

Property Address: _____

Monthly M

PLEASE ENCLOSE A COPY OF A VOIDED CHECK
WITH THIS PRINTED COMPLETED FORM.

DRAFT AUTHORIZATION

I have read and accept the Terms of Automatic Draft.

The information provided by me on this form is correct and accurate.

I allow _____, to draft monthly from my account.

name of association

Signature: _____

Date: _____

JDH Association Management Co.
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