

JDH Association Management Company

AUTOMATIC DRAFT APPLICATION PAYOR INFORMATION

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

Driver License: _____ Driver State: _____

BANK INFORMATION

Bank Name: _____

ABA Routing Number: _____ Account Number: _____

Account Class: _____ Personal _____ Commercial

Account Type: _____ Checking _____ Savings

Property Address: _____ Monthly Assessment: _____

**PLEASE INCLUDE A COPY OF A VOIDED CHECK
WITH THIS COMPLETED FORM.**

Total Monthly Draft: _____

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 JDH Association Management Company to draft monthly from my account.

**If the amount ever changes, JDH will automatically withdraw the new amount on the effective date with no action required from you. If you change banking institutions or accounts, please fax or email the information from your new account so JDH can immediately change the routing and account information.*

Signature: _____ Date: _____

JDH Association Management Company
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