



JDH Association Management Co.

AUTOMATIC DRAFT APPLICATION

PAYER INFORMATION

First Name : _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Driver License: _____ Driver State: _____

BANK INFORMATION

Bank Name: _____

ABA Routing Number: _____ Accounting Number: _____

Account Class: Personal Commercial

Account Type: Checking Savings

Property Address: _____ Monthly Maintenance Assessment: _____

**PLEASE ENCLOSE A COPY OF A VOIDED CHECK
WITH THIS PRINTED 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 _____, to draft monthly from my account.

name of association

Signature: _____ Date: _____

JDH Association Management Co.

PO BOX 96046

Houston, TX 77213

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www.jdhamc.com