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ACH Authorization Form

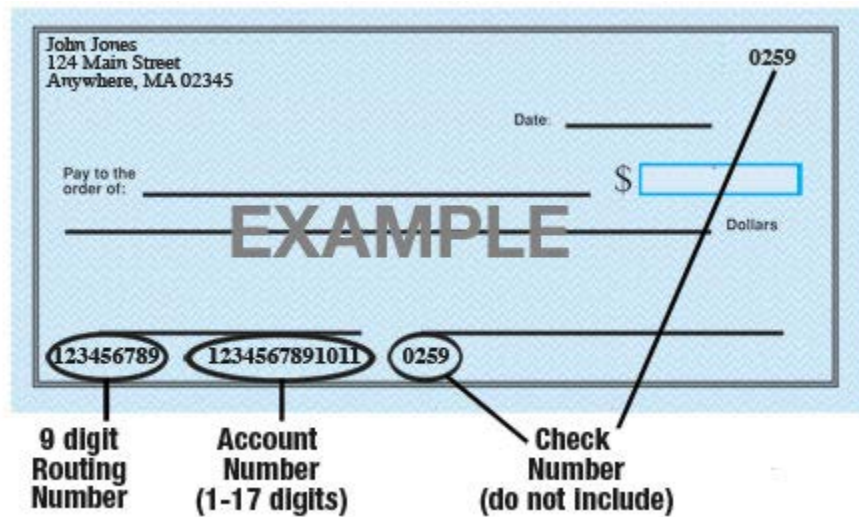
Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____

Email: _____



Name of Bank: _____

9-Digit Routing #: _____

Account #: _____

Type of Account: Checking Savings (Circle One)

Please attach a voided check for processing.

Would you like the ability to charge to your account? Yes No (circle one)

Desert Aire Owners Association is hereby authorized to process ACH payment from the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Member Signature: _____

Date: _____