



## RowCal Homeowner ACH Authorization Form

I hereby authorize **RowCal** and the financial institution listed below to debit my bank account automatically for the **association assessment amount only**, per billing period.

Association Name: \_\_\_\_\_ Account#: \_\_\_\_\_

Homeowner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

**The electronic funds transfer will occur on the 8<sup>th</sup> of the month or the previous business day if the 8<sup>th</sup> falls on a holiday or weekend.**

**Forms must be received by the 27<sup>th</sup> of the month to apply to the following month.**

**Please send a check or website payment if not submitted by the 27<sup>th</sup> or contact Care Team for assistance.**

ACH Information		
Financial Institution:		
Branch:		
City:	State:	Zip:
___ CHECKING ___ SAVINGS account (select one)		
Routing Number:		
Account Number:		

This authorization is to remain in full force and effect until RowCal receives written notification from me of its termination in such time and in such manner as to afford RowCal and the financial institution a reasonable opportunity to act on it which we deem this to be 14 days before the next automatic withdrawal.

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

***Please attach voided check here:***

***If you are unable to attach a voided check please sign here stating you aware that if the numbers you provided above are inaccurate, you are responsible for any returned payment fees and/or late fees.***

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***Signature for voided check waiver***

Return form to: [CareTeam@RowCal.com](mailto:CareTeam@RowCal.com)

Or mail the completed form to: RowCal Nation, PO Box 421150, Minneapolis, MN 55442