

# The Algonquin Association

c/o The Select Group, Inc.  
2224 Virginia Beach Blvd., Suite 201  
Virginia Beach, VA 23454  
email: [LSUJETA@theselectgroup.us](mailto:LSUJETA@theselectgroup.us)

## ACH ENROLLMENT FORM

SELECT ACCT # \_\_\_\_\_

NAME: \_\_\_\_\_

UNIT ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**BANK NAME:** \_\_\_\_\_

BANK ROUTING # \_\_\_\_\_

BANK ACCOUNT # \_\_\_\_\_

I, the above owner, authorize The Select Group, Inc. (on behalf of The Algonquin Association, Inc.) to automatically debit the account referenced on or about the fifth (5<sup>th</sup>) of each month for the purpose of paying my assessment(s). Month I request ACH to become effective \_\_\_\_\_.

The amount deducted from my account will be the monthly budgeted amount (per unit) based on the adoption of any new or revised budget(s) by The Algonquin Association, Inc.) Association Board of Directors.

I understand that this agreement will remain in effect unless thirty (30) days written notice (certified mail, return receipt) is given to The Select Group, Inc. discontinuing my participation in this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date