



Golden Rain Foundation
 PO Box 2069
 Seal Beach, CA 90740
 (562) 431-6586 ♦ info@lwsb.com

RECURRING BANK (ACH) PAYMENT AUTHORIZATION

MEMBER INFORMATION

Mutual #: _____ Unit # _____ Phone # _____

Name: _____ Email: _____

Address: _____ City: _____

State: _____ Zip Code: _____

PAYMENT INFORMATION

Please attach a void check and fill out account details

The form must be submitted by the 15th of the month to take affect the following month.

Account Type: Savings | Checking Start Date: _____

AUTHORIZATION

I HEREBY authorize Golden Rain Foundation to debit my checking account on/around the 5th of each month, effective immediately, the amount equal to carrying charges, property tax assessment, and all other monthly assessments owed for that month. I understand that Golden Rain Foundation cannot process this information until my account is current with no outstanding balance. I hereby agree to hold Golden Rain Foundation blameless for any errors commission or omission that may occur during the course of this transaction. I/we understand that this authorization will remain in effect until it is canceled in writing, and I agree to notify the Golden Rain Foundation at least 15 days in advance of the 1st of the month to any changes.

If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the Merchant may, at its discretion, attempt to process the charge again within thirty (30) days. I agree to an additional \$25 charge for each attempt that is returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank, so long as the transactions correspond to the terms indicated in this authorization form.

Account Holder's Signature: _____ Date: _____

(May 2023)