AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS Automatic Checking Deductions

Unit Owner Name:	E-Mail:
Acct No or Unit #	
entries to my (our) checking account at the DEPOSITORY INST account. I understand my participation in this program involve which can be subject to corrections and/or adjustments as in	hereinafter called the ASSOCIATION, to initialize ITTUTION listed below, to debit the same to such yes deduction from my account listed below,
Unit Owner's Bank Name:	
Bank Address:	
Routing number or ABA number:	
Account number:	DDA SAV
Amount of monthly dues or Payment	_ Frequency
Date due:	ASSOC NAME
This authorization is to remain in full force and effect until notification from me (or either of us) of its termination in suc & FPMS a reasonable	ch time and in such manner as to afford
Signature of Member	Date
Signature of Member (2 nd authorized person	Date
Attention participants: Whenever possible providebank information. Return or rejected ACHs are subject to late	a copy of a voided check to verify
Joe Smith Any Town USA	0783 63-815/570
CALLER OF	BOLDARS III Beautif Features
EXEC Bank Routing NK Account Number	per
1:067008 1551: 0734098 211106	O 7 B 3 ← Check Number