

## **DIRECT WITHDRAWAL AUTHORIZATION FORM**

Automatic withdrawal is provided by your Association. Your assessment may be directly withdrawn from your checking account.

***If you wish to participate in this program, please complete this form and submit it with a voided check from your checking account. Please staple the voided check to this form to prevent the two documents from becoming separated.***

I (we) hereby authorize the \_\_\_\_\_ Association, hereinafter called the ASSOCIATION, to initiate debit entries to my (our) checking account indicated at the financial institution named below, hereinafter called the FINANCIAL INSTITUTION, to debit the same such account.

FINANCIAL INSTITUTION: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

I (we) authorize the ASSOCIATION to withdraw \$ \_\_\_\_\_ (monthly assessment), and from time to time as the monthly assessment changes by approval of the annual budget adopted by the Board of Directors and published to the homeowners, from my (our) checking account for my (our) monthly assessment. This authorization is to remain in full force and effect until the ASSOCIATION has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the ASSOCIATION and FINANCIAL INSTITUTION a reasonable opportunity to act on the termination. **The ASSOCIATION cannot withdraw funds for any amounts other than the regular monthly assessment. This would include any special assessments, fines, etc. I (we) hereby agree to make other payment arrangements for such amounts.**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

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

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

Month of First Withdrawal: \_\_\_\_\_