## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

## COMPANY NAME: COPPERFIELD COMMUNITY ASSOC.

I (we) hereby authorize Copperfield Community hereinafter called COMPANY, to initiate debit entries of \$198.00 for my (our) Bi-Annually Dues and a 30¢ bank charge, equaling to \$198.30 to my (our) Financial Institution indicated below on the 10<sup>th</sup> of the month.

#### NAME OF FINANCIAL INSTITUTION

### FINANCIAL INSTITUTION ROUTING/TRANSIT/ABA NUMBER

FINANCIAL INSTITUTION ACCOUNT NUMBER

#### MONTH TO BEGIN DIRECT DEBIT

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.

Copperfield Property Address: \_\_\_\_\_

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

Name (Please Print):

# PLEASE REMIT VOIDED CHECK