AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: **PARK PLACE ON THE TUSCARORA**

COMPANY ID NUMBER: 20-3013254

I (we) hereby authorize **Park Place on the Tuscarora** hereinafter called COMPANY, to initiate debit entries to my (our) Checking/Saving Account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

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

 ROUTING #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACCOUNT #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 DEPOSITORY a reasonable opportunity to act on it.

 NAME(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Park Place on the Tuscarora** property Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: Maryland Zip: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_

**Date Automatic Withdrawal to begin: \_\_\_\_/10/2019**

There is a **.20¢** bank charge for automatic withdrawal.

# PLEASE REMIT VOIDED CHECK

**NOTE**: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE NAMER SPECIFIED IN THE AUTHORIZATION.