

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

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

I (we) hereby authorize **Park Place of The Tuscarora** hereinafter called COMPANY, to initiate debit for my (our) **Monthly Dues and a 30¢ bank charge** to my (our) **Financial Institution** indicated below **on the 10th of the month.**

NAME OF FINANCIAL INSTITUTION

FINANCIAL INSTITUTION ACCOUNT NUMBER

FINANCIAL INSTITUTION ROUTING/TRANSIT/ABA 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.

Park Place Property Address: _____

Signature: _____ Date: _____

Name (Please Print): _____

PLEASE REMIT VOIDED CHECK

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