AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: NORTH AMBER MEADOWS HOA

I (we) hereby authorize <u>North Amber Meadows HOA</u> hereinafter called COMPANY, to initiate debit of \$59.00 for my (our) Monthly Dues and a 30¢ bank charge, equaling \$59.30 to my (our) Financial Institution indicated below on the 10th of the month.

NEW ENROLLMENT _	AMEND CURRENT INFORMATION
NAME OF FINANCIAL INSTITUTION	
ACCOUNT NUMBER	ROUTING NUMBER
DIRECT DEBIT START DATE	
	and effect until COMPANY has received written termination in such time and in such manner as to n a reasonable opportunity to act on it.
Old Farm Property Address:	
Name (Please Print):	
Signature:	Date:
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.