

HOMEOWNER AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Association Name: Bell Canyon Association

I (we) hereby authorize Bell Canyon Association, hereinafter called ASSOCIATION, to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Depository Name: _____

Monthly Debit Amount: \$265.00

Routing Number: _____

Account Number: _____



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

Name: _____

Account Number: _____

Property Address: _____

(Found on monthly statement)

Email Address: _____

Phone Number: _____

Signature: _____

Date: _____

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

*PLEASE PROVIDE A VOIDED CHECK ALONG WITH THIS FORM IF YOU ARE SUBMITTING THIS FORM IN PERSON.

*YOU MAY ALSO SCAN AND EITHER EMAIL OR FAX THIS FORM AND AN IMAGE OF A VOIDED CHECK. EMAIL: jenni@bellcanyon.com OR FAX: 818-883-8490 ATTN: JENNI

***PLEASE NOTE: BY SIGNING THIS FORM YOU ARE ALSO GIVING BELL CANYON ASSOCIATION YOUR APPROVAL TO WITHDRAW THE AMOUNT DECIDED UPON FOR THE EMPLOYEE HOLIDAY FUND EACH YEAR IN THE MONTH OF DECEMBER. SHOULD YOU WISH TO CONTRIBUTE SEPARATELY, A DIFFERENT AMOUNT, OR NOT AT ALL, PLEASE SUBMIT YOUR REQUEST IN WRITING TO jenni@bellcanyon.com NO LATER THAN NOVEMBER 1ST. IF YOU MISS THAT DEADLINE, NO PROBLEM. PLEASE CONTACT JENNI AND A REFUND WILL BE ISSUED TO YOU WITHIN 14 BUSINESS DAYS OF THE REQUEST.**