

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: WILLOWCREST TOWNHOUSE ASSOC.

I (we) hereby authorize Willowcrest Townhouse Assoc. hereinafter called COMPANY, to initiate debit of \$55.30 for my (our) Monthly Dues and a 30¢ bank charge, equaling \$55.60 to my (our) Financial Institution indicated below on the 10th of the month.

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

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.

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.