

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: COPPERFIELD COMMUNITY ASSOC.

I (we) hereby authorize Copperfield Community hereinafter called COMPANY, to initiate debit entries of **\$240.00 for my (our) Bi-Annually Dues and a 30¢ bank charge, equaling to \$240.30** to my (our) **Financial Institution** indicated below **on the 10th of the month in Jan and Jul.**

 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.