AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: PARK PLACE ON THE TUSCARORA

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

NEW ENROLLMENT	AMEND CURRENT INFORMATION
NAME OF FINANCIAL INSTITUTIO	N
ACCOUNT NUMBER	ROUTING NUMBER
DIRECT DEBIT START DATE	
notification from me (or either of us) of	orce and effect until COMPANY has received written its termination in such time and in such manner as to ation a reasonable opportunity to act on it.
This authorization is to remain in full fonotification from me (or either of us) of afford COMPANY and Financial Institu	its termination in such time and in such manner as to
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