

ACH AUTHORIZATION

I authorize **Greenleaves Master Association** to initiate withdrawals from my account at the financial institution named below for payment of dues. This authorization will remain valid until either I, or my financial institution revoke it.

I can suspend payment of this draft by notifying **Greenleaves Master Association** at any time prior to 2:00 pm three business days prior to the day the payment is scheduled to be deducted from my account.

I understand that the Direct Payment program is an alternative method of payment only and does not otherwise affect my rights or the rights of **Greenleaves Master Association** or my financial institution with respect for each other. I further understand that **Greenleaves Master Association** and my financial institution reserve the right to terminate the Direct Payment plan and/or my participation in it. If I wish to cancel my participation in the Direct Payment plan, I may do so by notifying **Greenleaves Master Association**.

ACCOUNT TITLE: _____

AUTHORIZED SIGNATURE: _____

JOINT ACCOUNT SIGNATURE: _____

FINANCIAL INSTITUTION NAME: _____

ADDRESS: _____

TRANSIT/ABA NUMBER: _____

ACCOUNT NUMBER: _____

ESTIMATED AMOUNT OF QUARTERLY PAYMENT: _____

VOID check must accompany authorization form