

WILLOW WOODS CONDO ASSOCIATION
Authorization Agreement For
Automated Clearing House Transactions
(ACH Debits)

ACH Authorization			
Company Name:	Willow Woods Condo Association	11970 Willow Wood N	Holland, MI 49424

I (we) hereby authorize: Willow Woods Condo Association hereinafter called COMPANY/INDIVIDUAL, to initiate debit entries (Monthly Association Dues) and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our)

Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Bank Information			
BANK/CREDIT UNION NAME:			
City, State, ZIP:			
Transit/ABA No: ("Routing #")		Account #:	

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

Name(s):
Please print _____

Signature(s) **Date**

I (we) wish for this transaction to take place starting on: _____

And to recur once a month on the
 1st 5th or 10th (select/circle one)

I would also like to pay monthly on my special assessment

CHECK: Amount _____.

Please return form to WWCA Box or mail to:
11970 Willow Woods North
Holland, MI 49424