DIRECT PAYMENT AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT

I (we) hereby authorize **SADDLE RIDGE ASSOCIATION, LTD.**, hereinafter called COMPANY, to initiate debit entries to my account indicated below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U. S. law.

FINANCIAL INSTITUTION NAME:				
ROUTING #:				
ACCOUNT #:				
TYPE OF ACCOUNT (Circle One):	CHECKING	SAVINGS		

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its terminations in such time and in such manner (at least 14 days) as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.

UNIT #:	EMAIL	:
	Second EMAIL	
NAME(S):		
DATE:	PHONE NO):
	Second PHON	E NO:
Please attach v	oided check to this for	m.
Send to: Saddle Rid 1156 Sadd Portage, W	le Ridge	

Or you may put it in the black mailbox on the back of my mailbox at 1156 which is for SRA free mail.