



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Home/Unit Owner Name: _____

Unit# or ID#: _____

I (we) hereby authorize (Assoc. Name) _____ hereinafter called the ASSOCIATION, to initialize entries to my (our) account indicated below at the DEPOSITORY, to debit the same to such account. This will include all future amount changes by the ASSOCIATION.

Home/Unit Owner's Bank Name: _____

Bank Address: _____

Routing Number or ABA Number: _____

Account Number: _____

Checking Savings

Amount of Dues or Payment: _____

Start Date Due & Term: _____

Every Month / Quarter (The Assoc. determines the date of the debit)

This authorization is to remain in full force and effect until the ASSOCIATION, has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford the ASSOCIATION, and First Southern Bank a reasonable opportunity to act on it.

Signature of Homeowner _____ Date _____

Attention Homeowners: Please attach a copy of a voided or canceled check to verify bank information. For savings accounts please have your Financial Institution supply the correct ACH information needed, as this is very important. Returned or rejected ACHs are subject to late fees. The cut-off date for ACH is the 15th of every month.

If the assessment amount changes for a new budget year the bank will automatically update the assessment rate. Direct payment will only pay the current assessments. Any future special assessments will not be automatically deducted without additional paperwork.

