

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Automatic Checking Deductions

Unit Owner Name: _____ E-Mail: _____

Acct No or Unit # _____

I (we) hereby authorized _____ hereinafter called the ASSOCIATION, to initialize entries to my (our) checking account at the DEPOSITORY INSTITUTION listed below, to debit the same to such account. I understand my participation in this program involves deduction from my account listed below, which can be subject to corrections and/or adjustments as instructed by the ASSOCIATION.

Unit Owner's Bank Name: _____

Bank Address: _____

Routing number or ABA number: _____

Account number: _____

DDA ☒
 SAV ☐

Amount of monthly dues or Payment _____ Frequency _____

Date due: _____

ASSOC NAME

This authorization is to remain in full force and effect until _____ has received written notification from me (or either of us) of its termination in such time and in such manner as to afford _____ & EXECUTIVE NATIONAL BANK a reasonable opportunity to act on it.

Signature of Member

Date

Signature of Member (2nd authorized person)

Date

Attention participants: Whenever possible provide _____ a copy of a voided check to verify bank information. Return or rejected ACHs are subject to late fees

| | | |
|------------------------------|---------------------|--------------------|
| Joe Smith Any Town USA | | 0783 63-815/670 |
| DATE _____ | | |
| PAY TO THE ORDER OF _____ \$ | | |
| EXEC | Bank Routing Number | Account Number |
| FTB | 0670081551 | 07340982106 |
| | 0783 | Check Number |