

AUTHORIZATION AGREEMENT ACH PREAUTHORIZED PAYMENTS (DEBITS)

I (we) authorize _____, hereinafter called "COMPANY", to initiate electronic debit entries to my (our) account indicated below and the financial institution named below, hereinafter called "FINANCIAL INSTITUTION". I (we) acknowledge the I (we) am an authorized signer or have the authority to act on the account and the ACH transactions I (we) authorize to my (our) account must comply with all applicable law.

Financial Institution _____

City/State _____

Routing Number _____

Account Number _____

Type of Account Checking _____ Savings _____

Amount Amount of HOA Dues

Start Date _____ Dues will be drafted the 8th of each month.

I understand that this authorization will be in effect until I notify the management company (Triad Community Management) that I no longer desire this service, allowing reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

Name _____

Property Address _____

Signature _____ Date _____

Phone _____ Email _____

