THE VILLAGE AT WALKER WOODS ASSOCIATION AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWALS

•	my ch	ecking/ savings	reafter called ASSOCIATION, account indicated below and o debit the same to such
Bank Name			
City	State	Zip	_
Bank Routing Number		Account #	
This authority is to remain received written notice from Condominium Administration	om me of its ter	mination is such time ar	nd is such manner as to afford
Names(s)	_	Address	
Signature	_	Start Date	_
(Please enclose voided cho	eck)		