



Authorization Agreement for Direct Payments

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)
COMPANY NAME: MAHOGANY RUN CONDOMINIUM ASSOCIATION**

I (we) hereby authorize Mahogany Run Condominium Association, 6315 Golf Village, Suite # 1, St. Thomas, VI 00801, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME _____

BRANCH _____

SAVINGS ACCOUNT _____ **CHECKING ACCOUNT** _____

CITY _____ **STATE** _____ **ZIP** _____

ROUTING NO.# _____ **ACCOUNT NO.#** _____

This authorization will remain in force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME (S) _____ **(PLEASE PRINT)**

UNIT NUMBER (S) _____

DATE _____

SIGNED X _____

SIGNED X _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION. National Automated Clearing House ACH RulesLink ® 1999