

AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFT

I hereby authorize David Floyd & Associates, Inc. on behalf of my Homeowners Association, hereinafter called ORGANIZATION, to initiate debit or credit entries to my Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit/credit the same to such account on the sixth day (or on the next banking business day if the sixth falls on a weekend or holiday) of the following months: January, April, July, and October. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until ORGANIZATION has received **written notification** from me of its termination in such time and in such manner as to afford ORGANIZATION and DEPOSITORY a reasonable opportunity to act on it.

Name: _____

Signature: _____ Date: _____

Homeowners Association Name: _____

Address at Property to be Credited: _____

Owner Name: _____

Phone Number: _____

Email Address: _____

*****Please provide a voided check with this authorization form if possible*****

Please send this completed form via email to accounting@dfloydassoc.com, via fax to 615-297-9340, or via mail to David Floyd & Associates, Inc. 104 East Park Drive, Suite 320, Brentwood, TN 37027.