

AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFT

I hereby authorize David Floyd & Associates, Inc. on behalf of my H.O.A., hereinafter called ORGANIZATION, to initiate debit or credit entries to my Checking Account/Savings Account (circle one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit/credit the same to such account. 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: _____

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

Homeowners Association Name: _____

Address at Property to be Credited: _____

Owner Name: _____

Phone Number: _____

Email Address: _____

Please mail this completed form along with a voided check to:

David Floyd & Associates, Inc.
104 East Park Drive, Suite 320
Brentwood, TN 37027.

NOTE: Completed form must be received prior to the 25th of the current month in order for it to begin drafting the following month.