## **Authorization Agreement for Preauthorized Transfers**

I (we) hereby authorize Middleton Estates Community Association, hereinafter referred to as *ORIGINATOR*, to initiate debit/credit entries to my (our) checking [] saving [] account (*select one*) indicated below and the depository name below, hereinafter referred to as *DEPOSITORY*, to debit/credit same to such account. I (we) acknowledge that the *ORIGINATOR* of ACH transactions to my (our) account must comply with the provisions of US law.

CITY	STATF	ZIP	
ROUTING TRANS	IST/ABA NO.	ZIF	
ACCOUNT NUMB	ER		
This recurring/non	-reoccurring transacti	on is to begin on	(date) and
occur	(frequency) there	after in the amount of \$	
I (we) further author	orize <b>ORIGINATOR</b> to d	debit/credit my/our (check	king,
at <b>ORIGINATOR</b> at	the same frequency a	nd dollar amount.	
This authority is to	remain in full force un	til ORIGINATOR has recei	ved
notification from D	EPOSITORY, within 3	days prior to the next payı	ment date
Property Address:			
Phone number(s):			
Email Address(s):			
Owner(s) Signatur	e:		

\*Note: All HOA dues transfers will be processed on the 25th of each month