

AUTHORIZATION AGREEMENT & DIRECTIVE FOR MONTHLY AUTOMATED PAYMENTS

I (We) hereby authorize (Association Name), hereinafter called **COMPANY**, to initiate debit entries to my (our)

Checking Savings (select one)

account indicated below and the depository named below, hereinafter called **DEPOSITORY**, to debit same to such account. *(Payments will be withdrawn on the first business day of each month of the year.)*
Effective month/year for payments to begin: _____, 20__.

DEPOSITORY INFORMATION

Name of Bank _____ Branch _____

City _____ State _____ Zip _____

Bank Transit No. _____ Account No. _____

This authority is to remain in full force and effect until **COMPANY** and **DEPOSITORY** 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.

Owner
Name(s) _____
(Print) _____

Owner
ID No. _____
(For Office Use: Completed by WMG Accounting)

Date _____ Signed x _____

Date _____ Signed x _____

Daytime Phone _____

*****Be sure to attach a voided check to this form!*****

Remember!

- Once you have enrolled in this program, you must send written notice to the Association to END participation in the automatic payment program.

- Written authorization is required to draw an amount more (or less) than the current assessment amount due for the period.