

ACH Debit Authorization agreement

AUTHORIZATION AGREEMENT – FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

I (WE) HEREBY AUTHORIZE **Crosswinds at the Creek Homeowners Association** hereinafter called ASSOCIATION, to initiate debit entries to my (our) Checking Account hereinafter called DEBIT ACCOUNT indicated below, to debit the same to such account.

Please fill out the information below and include a Voided Check or Deposit Slip

DEBIT ACCOUNT – Bank Name	TRANSIT/ABA NUMBER
CITY, STATE, ZIP CODE	ACCOUNT NUMBER

This authority is to remain in full force and effect until ASSOCIATION has received written notification from me (or either of us) of its termination in such time and in such manner as to afford ASSOCIATION a reasonable opportunity to act on it prior to charging DEBIT ACCOUNT. After the DEBIT ACCOUNT has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by ASSOCIATION, provided I (we) send written notice of such debit entry in error to ASSOCIATION within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

DATE	UNIT NUMBER
NAME (please print)	Name (please print)
Signature	Signature