

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Automatic Checking Deductions

Unit Owner Name: _____ E-Mail: _____

Acct No or Unit # _____

I (we) hereby authorized _____  hereinafter called the ASSOCIATION, to initialize entries to my (our) checking account at the DEPOSITORY INSTITUTION listed below, to debit the same to such account. I understand my participation in this program involves deduction from my account listed below, which can be subject to corrections and/or adjustments as instructed by the ASSOCIATION.

Unit Owner's Bank Name: _____

Bank Address: _____

Routing number or ABA number: _____

Account number: _____ DDA SAV _____

Amount of monthly dues or Payment _____ Frequency _____

Date due: _____  ASSOC NAME

This authorization is to remain in full force and effect until _____  has received written notification from me (or either of us) of its termination in such time and in such manner as to afford _____ & EXECUTIVE NATIONAL BANK a reasonable opportunity to act on it.


Signature of Member Date


Signature of Member (2nd authorized person) Date

Attention participants: Whenever possible provide _____ a copy of a voided check to verify bank information. Return or rejected ACHs are subject to late fees

Joe Smith **0783**
Any Town 63-815/670
USA DATE _____

PAY TO THE ORDER OF _____ \$ _____

INDELSA'S  Security Features included. Details on back.

 Bank Routing Number **NK** Account Number

FOR _____

⑆067008155⑆ 073409821⑆06 0783 ← Check Number