

# Baldwin Grove Condominium

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

PLEASE PRINT ALL INFORMATION

**\*\*Please complete this form in its entirety and include a voided check\*\***

I (We) hereby authorize Baldwin Grove Condominium, hereinafter called "ASSOCIATION", to initiate debit entries to my (our)  Checking or  Savings account (select one) indicated below at the depository financial institution named below, hereinafter called "DEPOSITORY", and to debit the same to such account.

DEPOSITORY NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_ BANK ACCOUNT NUMBER: \_\_\_\_\_  
(located on the bottom of your check)

This authorization is to remain in full force and effect until ASSOCIATION has received written notification from me (us) of its termination in such time and in such manner as to afford ASSOCIATION and DEPOSITORY a reasonable opportunity to act on it.

NAME(S): \_\_\_\_\_ BALDWIN GROVE  
ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_ SIGNED: \_\_\_\_\_