

**Instructions for Completing
Authorization Agreement for Direct Payment Form**

Company Name: *Singleton's Grove*

Company I.D.#: *(Leave blank)*

Depository Name: *(Your bank)*

Branch: *(Location where you opened your account)*

City, State, and Zip: *(Of your bank)*

Routing Number: *(This information is on the bottom of your check, or call your bank.)*

Account Number: *(This information is on the bottom of your check.)*

Name(s): *(Names on the account)*

ID Number: *(Social Security Number)*

Instead of completing the form, or if you are unsure as to what to complete, you may include a voided check and sign and date the form.

Singleton's Grove Community

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

PLEASE PRINT ALL INFORMATION

EFFECTIVE DATE: _____ **PROPERTY ADDRESS:** _____

COMPANY NAME: _____ **COMPANY I.D. NUMBER:** _____

I (We) hereby authorize Sequoia Management Company, Inc. hereinafter called COMPANY, to initiate debit entries to my (our){ } Checking { } 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:** _____

ROUTING NUMBER: _____ **ACCOUNT #:** _____

This authorization is to remain in full force and effect until COMPANY 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.

NAME(S): _____ **ID NUMBER:** _____

DATE: _____ **SIGNED:** _____ **SIGNED:** _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Mail to: Sequoia Management Company, Inc, 13998 Parkeast Circle, Chantilly, VA 20151 Attn: Singleton's Grove