

WESTMARKET HOMEOWNERS ASSOCIATION

AUTHORIZED AGREEMENT FOR DIRECT DEBIT

- Complete **ALL** of the following information **AND**
- Include a voided check – sign and date the form.

Your Bank or Depository _____ Branch / Location _____

City _____ State _____ Zip Code _____

Routing # (located at the bottom of check) _____

Your Bank Account # _____

Your Westmarket Account # 56- _____

Name(s) _____

Address _____

Phone Number (H) _____ (W) _____

SIGNED _____ DATE _____

SIGNED _____ DATE _____

**YOU MUST ENCLOSE A COPY OF YOUR VOIDED CHECK OR DIRECT DEBIT
CANNOT BE SET UP!**