

**OAK VALLEY HOMEOWNERS ASSOCIATION
AUTHORIZATION 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 Oak Valley Account # 77- _____

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!