

Shadowood Condominium Association

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

PLEASE PRINT ALL INFORMATION

****Instead of completing this form, you may include a voided check and date and sign the form****

I (We) hereby authorize Shadowood Condominium Association, 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: _____

(located on the bottom of your check)

BANK ACCOUNT NUMBER: _____

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): _____

SHADOWOOD CONDOMINIUM ASSOCIATION ACCOUNT NUMBER: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

DATE: _____

SIGNED: _____

SIGNED: _____

Funds are subject to withdrawal on the 1st day of the month, but will generally be withdrawn between the 5th and the 10th day of the month