

# East Market at Fair Lakes Condo II Association

## 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 East Market at Fair Lakes Condo II 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 in the amount of the approved and budgeted dues

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): \_\_\_\_\_

EAST MARKET CONDO II  
ACCOUNT NUMBER: \_\_\_\_\_

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

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

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

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