

# Wellington Community 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 Wellington Community 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: \_\_\_\_\_

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

WELLINGTON ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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

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

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

**\*Funds are subject to withdrawal on the 1<sup>st</sup> day of the month, but will generally be withdrawn between the 5<sup>th</sup> and the 10<sup>th</sup> day of the month\***