

Moorings Cluster Association

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

PLEASE PRINT ALL INFORMATION

****Please complete this form in its entirety or include a voided check ****

I (We) hereby authorize Moorings Cluster 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): _____

MOORINGS ACCOUNT
NUMBER (HOUSE NUMBER): _____

ADDRESS: _____ PHONE # _____

DATE: _____

SIGNED: _____

SIGNED: _____