STONEWALL MANOR HOA

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 Stonewall Manor HOA, 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):	STONE	EWALL MANOR 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Funds are subject to withdrawal on the 1st day of the month, but will generally be withdrawn between the 5th and the 10th day of the month