

**SUGARLAND RUN HOMEOWNERS ASSOCIATION**  
**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

PLEASE PRINT ALL INFORMATION

**\*\*You must include a voided check, date and sign the form\*\***

I (We) hereby authorize Bridlewood 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: \_\_\_\_\_ BANK ACCOUNT NUMBER: \_\_\_\_\_  
(located on the bottom of your check)

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): \_\_\_\_\_ 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 day of the month, but will generally be withdrawn between the 5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\***