

SUGARLAND RUN TOWNHOUSE 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Funds are subject to withdrawal on the 1st day of the month, but will generally be withdrawn between the 5th and the 10th day of the month