

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

Leisure Glen Homeowners Association Inc.

I (we) hereby authorize Leisure Glen Homeowners Association Inc., hereinafter called COMPANY, to initiate domestic debit entries and if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Account/ Savings Account (*elect one*) indicated below at the depository bank named below, hereinafter called DEPOSITORY, and to credit/debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law including laws governing the Office of Foreign Assets Control (OFAC).

Depository (Bank) Name _____

Branch _____

City _____

State _____ Zip _____

Routing Number _____

Account Number _____

Amount _____

Frequency MONTHLY

Date of Debit 10th (Tenth) of the Month

Lot #(s) _____

For effective dates falling on a non-business day or holiday, the debit will take place on the following business day.

Name(s) _____

This authorization is to remain in full force and effect for one year or until COMPANY has received written notification from me (or either of us) of its termination 30 days prior to the termination date.

Signature(s) _____ Date _____

Signature(s) _____ Date _____

NOTE: ALL WRITTEN AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION. ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION. WEB FORM

- FOR NEW ENROLLEES, FILL OUT THE COMPLETE FORM **AND** ATTACH A VOIDED CHECK
- FOR CURRENT ENROLLEES, FILL OUT ONLY THE HIGHLIGHTED LINES
- RETURN THE COMPLETED FORM TO OUR ADMINISTRATION OFFICE

Web Form