

AUTHORIZATION AGREEMENT FOR MONTHLY AUTOMATED PAYMENT SERVICE

Association Name
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I (we) hereby authorize \_\_\_\_\_, hereinafter called  
 (Association Name)  
 ASSOCIATION, to initiate debit entries to my (our) Checking/Savings Account indicated below and the  
 depository institution (Bank) named below, hereinafter called DEPOSITORY, to debit the same to such account.

Bank Name	Branch	
City	State	Zip Code
Transit/ABA Number	Account Number	

This authority is to remain in full force and effect until ASSOCIATION has received written notification from me (or either of 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) (Please Print)	Property Street Address	
Date	Signature	Signature