

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
Automatic Checking Deductions

Unit Owner Name: _____ E-Mail: _____

Acct No or Unit # _____

I (we) hereby authorized _____ hereinafter called the ASSOCIATION, to initialize entries to my (our) checking account at the DEPOSITORY INSTITUTION listed below, to debit the same to such account. I understand my participation in this program involves deduction from my account listed below, which can be subject to corrections and/or adjustments as instructed by the ASSOCIATION.

Unit Owner's Bank Name: _____

Bank Address: _____

Routing number or ABA number: _____

Account number: _____

DDA ☒
 SAV _____

Amount of monthly dues or
Payment _____ Frequency _____

Date due: _____


ASSOC NAME

This authorization is to remain in full force and effect until _____ has received written notification from me (or either of us) of its termination in such time and in such manner as to afford _____ & EXECUTIVE NATIONAL BANK a reasonable opportunity to act on it.

Signature of Member Date

Signature of Member (2nd authorized person) Date

Attention participants: Whenever possible provide _____ a copy of a voided check to verify bank information. Return or rejected ACHs are subject to late fees

Joe Smith		0783
Any Town		<small>63-815/570</small>
USA		DATE _____
PAY TO THE ORDER OF _____ \$		
		<small>EXTRA! Security Features included. Details on back.</small>
	Bank Routing Number NK	Account Number
	↓	↓
FOR _____		
⑆067008155⑆ 073409821⑆06		0783 ← Check Number