ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

I hereby authorize The Association to initiate automatic re-occurring payment from my bank account as specified below:

ASSOCIATION:						
NAME:						
ADDRESS:						
Unit #		Stree	et		City	
MAILING ADDRESS	S (if other th	nan above)):			
PHONE:						
YOUR BANK NAME	Ē:					
BANK ROUTING N	UMBER:	1:			1:	
			(9 Charac		<u> </u>	
YOUR BANK ACC	OUNT #:					
AMOUNT DUE:	\$	**	0	SAVINGS	□ CHECKING	
PERIOD: One time	between th	e third and	I the sixth o	f each month o	lue.	
written notification fr a reasonable oppor	om me of it tunity to ac en notifica	s terminati t on it. I tion delive	ion in such maintain th red to the	time and manr e right to stop Association's	The Association has received as to afford the deposition payment of the debit endured business office fifteen (tor try
	after the A	ssociation			e in the assessments, will with a minimum of ten (
SIGNATURE:						
DATE:						

ATTACH VOIDED CHECK HERE:

The Automated Clearing House (ACH) division of the Federal Reserve Bank says electronic funds transfer (EFT) is by far safer and more secure then writing a check. EFT is tracked and governed by the ACH. It is transmitted in an encrypted format while a check passes through an average of 11 people who have access to all of your bank account and personal information.