

Authorization Agreement for Direct Payments (ACH Debits)

Company Name: Pomponoho Pines Condominium

I (we) hereby authorize Pomponoho Pines Condominium, herein after called COMPANY, to initiate debit entries to my (our) _____ Checking Account or _____ Savings Account (select one) indicated below at the depository financial institution named below hereafter called DEPOSITORY, and to 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.

Depository Name (your bank) _____

City _____ State _____ Zip _____

Routing Number (ABA # - 9 digits) _____

Account Number _____

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

Your name (printed): _____

Date: _____

Your Signature: _____

Note: Debit Authorizations MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Please make sure to attach a voided check