



PRIVATE BROKERAGE

AUTHORIZATION FOR DIRECT DEPOSIT (ACH CREDIT)

Association Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Homeowner Unit #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Monthly Assessment: \_\_\_\_\_ ACH start date: \_\_\_\_\_

I/We authorize the above Association to charge my/our checking or savings account at the financial institution indicated on my/our voided check for the payment of all outstanding charges on my homeowner's account on or about the 8th of each month.

I/We understand that these charges may change periodically and that all changes will be described in board meeting minutes or in letters from Ewing & Clark.

- [ ] I have provided DEPOSITORY information below.
[ ] I have attached a voided check

DEPOSITORY NAME: \_\_\_\_\_

BRANCH: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

TRANSIT / ABA #: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

NAME(S) ON ACCOUNT: \_\_\_\_\_

SIGNATURE(S): \_\_\_\_\_

DATE: \_\_\_\_\_

This authorization will remain in full force until homeowner provides notification with no less than 10 days notice of the termination. Thank you.