

AUTHORIZATION AGREEMENT FOR DIRECT DEBITS (ACH DRAFTS)

NAME (S) _____

LOT NUMBER _____

Please print

I (we) hereby authorize Village of Westlakes Homeowners' Association, hereinafter called COMPANY, to initiate Debit entries to my (our) (**select one**) () Checking () Savings account indicated below at the depository financial institution listed on the attached check or deposit slip below, hereinafter called DEPOSITORY, and to debit the same to such account.

Attach a voided check for checking accounts

OR

A deposit slip for savings accounts

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 no less than 15 days prior to the first of the month so COMPANY and DEPOSITORY have a reasonable opportunity to act on it.

DATE _____

SIGNED X _____

X _____

Authorizations received on or before the 20th will take effect on the first day of the following month.