

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH DEBITS)

PROPERTY NAME: GUARD HILL HOMEOWNERS ASSOCIATION, INC. CO. # 494

I (we) hereby authorize Guard Hill Homeowners Association, Inc., hereinafter called COMPANY, to initiate debit entries to my(our) () Checking, () Money Market, () Brokerage, () Saving account (*select one*) indicated below at the financial institution information section, and to debit the same such account for all authorized monthly obligations which includes but is not limited to regular monthly charges, special assessments, special fees, fines, penalties, sundry charges, repair reimbursement charges, etc.

Financial Institution

Name _____

Branch _____

City _____

State _____ Zip _____

Routing Number (ABA) _____

Account No. _____

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 FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name(s) _____

Apt. # _____

Date _____ Signed _____

Date: _____ Signed _____

(If Joint Account)

Phone Number Home _____

Work _____

Email Address: _____

NOTE: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Please return this form along with a VOIDED CHECK to:
Barhite & Holzinger, Inc., Attn: Bookkeeping Department
71 Pondfield Road, Bronxville, NY 10708