



**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Company Name: Arbor Trials Homeowners Association  
Company ID: 263 ATH

I/We, hereby authorize Villas at Oregon Trails Condominium Association, hereafter referred to as “the 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 referred to as “the Bank,” 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 the United States Law.

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authorization is to remain in full force and effect until the Company has received written notification from me/us of its termination in such time and in such manner as to afford the Company and the Bank a reasonable opportunity to act on it.

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

Name(s): \_\_\_\_\_ (Please print) \_\_\_\_\_ (Please print)

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

**Note: Debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the specified manner in the authorization.**