



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

Company Name: Barrington Master Association  
Company ID: 217 BMH

I/We hereby authorize Barrington Master Association, hereafter referred to as “the Company,” to initiate debit entries to my/our \_\_\_ Checking Account/ \_\_\_ 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. Your contact person is Bruce Cedar, [bcedar@karecondo.com](mailto:bcedar@karecondo.com), at KareCondo.**