



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: Villas of Tuscany Cluster Homeowners Association
Company ID: 242 TUS

I/We, hereby authorize Villas at of Tuscany Cluster Homeowners 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.