



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

Company Name: Whispering Meadows Association, Inc.  
Company ID: 264 WMA

I/we, hereby authorize Whispering Meadows Association, Inc., 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 Account  
Number: \_\_\_\_\_ 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.

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

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

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

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

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