AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFT

	ates, Inc. on behalf of my HOA
	initiate debit or credit entries to my Checking
	cated below at the depository financial institution RY, and to debit/credit the same to such account.
· · · · · · · · · · · · · · · · · · ·	transactions to my account must comply with the
provisions of U.S. law.	dumbactions to my account must comply with the
•	
Financial Institution Name:	
Financial Institution Name:	
Routing Number:	Account Number:
	te and effect until ORGANIZATION has received
ORGANIZATION and DEPOSITORY a reas	ation in such time and in such manner as to afford
ordinizition and believing a real	solution opportunity to uct on it.
N	
Name:	
Signature:	Date:
•	
Please provide a voided cho	eck with this authorization form
Homeowners Association Name:	
Address at Property to be Credited:	
address at 1 reperty to be created.	
Owner Name:	
DI N b	
rnone Number:	
Email Address:	

Please mail this completed form along with a voided check to:

David Floyd & Associates, Inc. 104 East Park Drive, Suite 320 Brentwood, TN 37027.

NOTE: Completed form must be received prior to the 25th of the current month in order for it to begin drafting the following month.