

Debit Authorization

AUTHORIZATION FORM FOR DIRECT PAYMENT ACH DEBITS

Company Name: **Marble Arch Townhomes Council of Co-Owners**

I (we) hereby authorize Marble Arch Council of Co-Owners, hereinafter called “**COMAPNY**”, to initiate debit entries for (Application) to my (our) account indicated below and the financial institution named below, hereinafter called “**FINANCIAL INSTITUTION**”, 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 U.S. Law.

Financial Institution Name:	Branch:
Address:	Type of Account (check one):
City/State/Zip:	Checking [] Savings []
Account Name:	
Routing Number:	
Account Number:	

This authority is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and manner as to afford **COMPANY** and **FINANCIAL INSTITUTION** a reasonable opportunity to act on it.

Print Individual Name:
Individual ID Number:
Signature:
Date:

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM