

THIS FORM MUST BE COMPLETED IF YOU
CHOOSE AUTOMATIC DEBIT

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS
(ACH DEBITS)

Company Name: HEDINGHAM COMMUNITY ASSOCIATION

I (we) authorize Hedingham Community Association, hereinafter called Company, to initiate debit entries and to initiate, if necessary, credit entries and adjustment for any debit entries in error to my (our) CHECKING or SAVINGS (please check only one) indicated below and the Bank named below; hereinafter called Financial Institution.

FINANCIAL INSTITUTION NAME: _____

ROUTING/ABA# _____ ACCOUNT# _____

MONTHLY DUES AMOUNT: _____

IT IS YOUR RESPONSIBILITY TO VERIFY THIS TRANSACTION EACH MONTH WITH YOUR BANK STATEMENT.

NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LOT#: _____

PLEASE ATTACH A VOIDED CHECK.

The authority shall remain in full force and effect until the Company has received written/verbal notification from myself (or either of us) of its termination in such time and in such manner as to afford Company and Financial Institution a reasonable opportunity to act upon it.

Date: _____ Signature(s): _____

Should you receive any additional coupons, please do not use them; please destroy them.