

Hammond Meadows Association

c/o Bordertown Realty, Inc.

744 Ryan Dr #103

Hudson WI 54016

715-386-6000

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) authorize **Hammond Meadows Association**, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account/Savings account (Circle One) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account comply with the provisions of U.S. law. I (we) acknowledge that a debit entry to my (our) account will remove money from my (our) account.

Homeowner Name: _____

Property Address: _____ Unit #: _____

Phone Number: _____

Email: _____

A VOIDED CHECK MUST BE ATTACHED

Depository Name: _____ Branch _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Acct #: _____

This authorization is to remain in full force and effect until Heritage Greens has received written notification from me (or either of us) of its termination in such time and in such manner as to afford and bank a reasonable opportunity to act on it. 30 days in writing.

I understand that if my ACH is returned because of non-sufficient funds or closed account, I will be charged an additional fee of \$40.00 per occurrence and my ACH service may be stopped.

My signature below indicates that I have verified, confirm and agree with all the information provided above.

Signature

Date

Signature

Date

Note: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.