

Lafayette Village Community Association

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

PLEASE PRINT ALL INFORMATION

****Instead of completing this form, you may include a voided check and date and sign the form****

I (We) hereby authorize Lafayette Village Community Association, hereinafter called "ASSOCIATION", to initiate debit entries to my (our) { } Checking or { } Savings account (select one) indicated below at the depository financial institution named below, hereinafter called "DEPOSITORY", and to debit the same to such account.

DEPOSITORY NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ROUTING NUMBER: _____ BANK ACCOUNT NUMBER: _____
(located on the bottom of your check)

This authorization is to remain in full force and effect until ASSOCIATION has received written notification from me (us) of its termination in such time and in such manner as to afford ASSOCIATION and DEPOSITORY a reasonable opportunity to act on it.

NAME(S): _____ LAFAYETTE VILLAGE ACCOUNT NUMBER: _____

ADDRESS: _____

DATE: _____ SIGNED: _____ SIGNED: _____

Funds are subject to debit on the 1st day of the quarter, but will generally be withdrawn between the 5th and the 10th days of the quarter