

## AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS

For your convenience and savings, you may now elect to pay your assessments by using our bank debit program. This program allows us to make monthly deductions from your checking or savings account. This means you no longer have to

- REMEMBER WHEN TO PAY YOUR PAYMENT
- WRITE OUT A CHECK
- MAIL IN YOUR PAYMENT
- PAY FOR POSTAGE

To take advantage of this program, just fill out, sign and return this form along with your current payment due. **The plan will start on your next due date as long as this form is received by the 15<sup>th</sup> of the month preceding your next due date (i.e. – for January dues, the form needs to be received by December 15<sup>th</sup>).** The payment will be debited from your account on the second business day of the month. Anytime you wish, you may cancel this authorization and revert back to manual method of payment. To qualify for this type of payment, you must have a zero beginning balance due. Also, you must remain in good standing with your association. If you receive any violation assessments, you will automatically revert to manual payment status. Also, if you do not have sufficient funds in your account for your regular monthly assessment, you will automatically revert to manual payment status.

I/We hereby authorize Quail Hill Community Association (“Homeowners Association”) to initiate debit entries to my/our (select one)  Checking  Savings indicated below, and the financial institution named below (“Bank”), debit same to such account. **(NOTE: PLEASE ATTACH A COPY OF A VOIDED CHECK).**

BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING (ABA) NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

This authority is to remain in effect until Homeowners Association and Bank have received written notification from me (or either of us) of its termination in such time and in such manner as to afford Homeowners Association and Bank a reasonable opportunity to cancel automated transaction.

DATE \_\_\_\_\_ ASSOCIATION ACCOUNT NO. P340-  
(from billing statement)

DAYTIME PHONE \_\_\_\_\_

NAME(S) \_\_\_\_\_ SIGNED \_\_\_\_\_