

# Direct Debit Authorization Form

Check One:	
<input type="checkbox"/> <b>Initial Debit</b>	<input type="checkbox"/> <b>Modification</b>

Owner Information	
Name:	Business Name:
Address:	
Contact Person :	Telephone Number: (    )
E-mail Address:	Fax Number: (    )

## FINANCIAL INSTITUTION INFORMATION

NAME:
ADDRESS:
EXACT DEPOSITOR ACCOUNT TITLE:
DEPOSITOR ACCOUNT NUMBER:
9 DIGIT ROUTING NUMBER: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
TYPE OF ACCOUNT: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
FREQUENCY:  <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Other <small style="margin-left: 100px;">Indicate day of month</small>
<b>Instructions: Within 10 days of invoicing</b>
I hereby authorize <b>Monterey Shores PUD HOA</b> (hereafter "Company") to electronically debit any payments from the bank specified above. This authorization is to remain in full force and effect until the Company has received written notification from me of its termination in such time and manner as to afford the Company and the bank named above a reasonable opportunity to act upon it.
I have read, understand and agree to the above statement.
Signature: _____ Date: _____
<b>**Please attach a voided check **</b>

Please complete and return this form to the following address:

Office Use Only	
Entered _____	_____
<small>Initials</small>	<small>Date</small>
Verified _____	_____
<small>Initials</small>	<small>Date</small>