

AUTHORIZATION FOR DIRECT DEPOSITS
ACH DEBITS

Individual / Company Account Name:

I (We) hereby authorize hereinafter called "COMPANY", to initiate DEBIT entries to my (our) checking account indicated below and the depository financial institution named below, called "DEPOSITORY", to DEBIT the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U. S. law.

Depository Name:

Branch:

City:

State:

Zip:

Transit/ ABA#:

Account #:

This authority is to remain in full force and effect until "COMPANY" has received written notification from me (or either of us) of its termination in such time and in such manner as to afford "COMPANY" and "DEPOSITORY" a reasonable opportunity to act on it. All payees must sign this authorization form.

Name: _____ Signature: _____ Date: _____

Email Address: _____

Name: _____ Signature: _____ Date: _____

Email Address: _____

Name: _____ Signature: _____ Date: _____

Email Address: _____

Name: _____ Signature: _____ Date: _____

Email Address: _____

Association Dues

Fence Dues