

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Name: Glen Acres Homeowners Association, Inc.
New Glen Acres Division _____ Owners Association

Name: _____

Unit Address: _____

I (we) hereby authorize the above Associations, to charge my (our) Checking Account / Savings Account (select one) indicated below at the financial institution named below on or about the **3rd of each month or on the 10th of the month** (please check one date). I (we) acknowledge that *the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.*

Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

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

Name(s) _____

Date _____ Signature _____

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. PLEASE ATTACH A VOIDED CHECK (WITH PREPRINTED NAME AND ADDRESS) FROM THE ACCOUNT THAT WILL BE CHARGED, IN THE SPACE BELOW.

GLEN ACRES HOMEOWNERS ASSOCIATION, INC. MUST RECEIVE THIS FORM BY THE 20TH DAY OF THE MONTH FOR THE AUTOMATIC CHARGE TO BE IN EFFECT FOR THE FOLLOWING MONTH.

PLEASE MAIL OR DELIVER TO THE GLEN ACRES MANAGEMENT OFFICE
10925 GLEN ACRES DR S, SEATTLE WA 98168

STAPLE VOIDED CHECK HERE

(ACH authorization)