

AUTOMATED PAYMENT AUTHORIZATION

Authorization for:

Address _____

Name _____

I (We) authorize Brooktree Village Homeowners Association, to initiate debit entries to my (our) Checking ___ / Savings ____ (please check one) account indicated below and the depository named below, to debit same to such account. Payment will be withdrawn on the first of each month. The authority will remain in full force and effect until Brooktree Village Homeowners Association and the stated Depository have received written notification from me/us (as noted below) of its termination in such time and in such manner as to afford both entities a reasonable opportunity to act on it.

Payments to begin as of _____(month) _____(year)

Depository

Name _____ Branch _____

City _____ State _____ Zip Code _____

Bank Transit No. _____ Account Number _____

Names(s) _____ ID Number _____

(For Office Use Only)

Date _____ Signed _____

Phone _____

Please complete the form except the ID Number and Bank Transit Number. The Bank Transit Number will be obtained from your voided check or savings deposit slip which must be attached to this form.