

# AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFT

I hereby authorize David Floyd & Associates, Inc. on behalf of my Homeowners Association, hereinafter called ORGANIZATION, to initiate debit or credit entries to my Checking Account / Savings Account (*circle one*) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit/credit the same to such account on the sixth of each month (or on the next banking business day if the sixth falls on a weekend of holiday). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authorization is to remain in full force and effect until ORGANIZATION has received **written notification** from me of its termination in such time and in such manner as to afford ORGANIZATION and DEPOSITORY a reasonable opportunity to act on it.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Please provide a voided check with this authorization form\*\*\***

Homeowners Association Name: \_\_\_\_\_

Address at Property to be Credited: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please send this completed form (along with a voided check) via email to [accounting@dfloydassoc.com](mailto:accounting@dfloydassoc.com), via fax to 615-297-9340, or via mail to David Floyd & Associates, Inc. 104 East Park Drive, Suite 320, Brentwood, TN 37027.**

***NOTE: This completed auto-draft form must be received prior to the 25<sup>th</sup> of the current month in order for the account to begin drafting the following month.***