

## CEDAR TREE VILLAGE HOMEOWNERS ASSOCIATION P.O. BOX 1438 BETTENDORF, IOWA 52722

## www.cedartree.org

## **Authorization Agreement for Direct Debit (Payment)**

I (we) hereby authorize **Cedar Tree Village Homeowners Association**, hereinafter called **CTVHA** to initiate debit entries to my (our) Account. Account indicated below at the financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until **CTVHA** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **CTVHA** and **DEPOSITORY** a reasonable opportunity to act on it. Such written notification shall be made by both mailing the notification to Cedar Tree Village Homeowners Association, P.O. Box 1438, Bettendorf, IA 52722 and emailing the notification to <a href="mailto:ctvhaem@gmail.com">ctvhaem@gmail.com</a>.

TYPE OF BANK ACCOUNT: TYPE OF BANK ACCOUNT: Savings account Checking account Business Account (Check this box only if the checking or savings account is a business account) I have a Debit Filter or Debit Block on this account. Please contact me with the Company ID that I can provide to my bank to allow this debit to process as authorized. **BANKING INFORMATION:** Financial Institution Name (Please Print) Financial Institution City, State and Zip Code Name on Account Account Number 9-Digit Routing Number Effective Date of Transfer Every 5th day of the Month Every 20th day of the Month Amount: 1/12 of the annual assessment, as determined by CTVHA in accordance with CTVHA's governing documentation, every month. (23456789) (123456789101) (0259 9 digit Routing Number Check Account (do not include) Please attach a voided check for each bank account to which funds should be deposited. \*Do not use deposit ticket routing number for direct deposit as it may be different. I am an authorized signer, or otherwise have authority to act on the account identified in this statement. I attest that the above account information is correct and agree to enter into the ACH debit on behalf of said company, and that the signature below is my own proper signature. In case of sale of the house, I (we) herby agree to provide written notification to CTVHA 14 days prior to the effective date of transfer to stop the direct debit otherwise I (we) will be responsible for all the bank fees associated with the transaction. Such written notification shall be made by both mailing the notification to Cedar Tree Village Homeowners Association, P.O. Box 1438, Bettendorf, IA 52722 and emailing the notification to ctvhaem@gmail.com. Signature Signature\_\_