

**East Stratford Residential Community Association, Inc.**

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

**PLEASE PRINT ALL INFORMATION**

**\*\*Instead of completing this form, you may include a voided check and sign and date the form\*\***

I (We) hereby authorize East Stratford Residential Community Association, Inc., hereinafter called "ASSOCIATION", to initiate debit entries to my (our) { } Checking or { } Savings account (select one) indicated below at the depository financial institution named below, hereinafter called "DEPOSITORY", and to debit the same to such account.

DEPOSITORY NAME: \_\_\_\_\_

BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

(located on the bottom of your check)

BANK ACCOUNT NUMBER: \_\_\_\_\_

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

NAME(S): \_\_\_\_\_

EAST STRATFORD RESIDENTIAL ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SIGNED: \_\_\_\_\_

SIGNED: \_\_\_\_\_