



AUTOMATIC BANK DRAFT - AUTHORIZATION FORM

I hereby authorize the **Davis Lake Community Association** and its agent **EasyDraft** to initiate withdrawals by electronic funds transfer from my checking account, as identified below, for amounts owed to the **Davis Lake Community Association**. In addition, the financial institution at which my checking account is held is hereby authorized to debit my checking account for the withdrawals initiated by the **Davis Lake Community Association** and its agent **EasyDraft**.

If my account does not have sufficient funds to cover the debits authorized herein, I agree to pay a \$25 Returned Debit service charge, which may be collected electronically. I acknowledge that the origination of ACH transactions in my account must comply with all applicable laws and the NACHA operating guidelines.

Customer Information

Name (as shown on bank account) _____

Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Bank Name _____ Work Phone _____

_____/_____
Transit Routing Number / Account Number Email _____

Amount Authorized is -

1. Not to exceed \$ _____ and be made quarterly on the fourth day of each Jan. Apr. Jul. and Oct
2. Exactly \$ _____ to be made one time on _____ (Date)
3. Exactly \$ _____ to be made quarterly on the fourth day of each Jan. Apr. Jul. and Oct.

For those who still wish to pay by credit card be aware the DLCA Board is considering passing on the added expense DLCA incurs to you. It may be as much as 5%. You will be notified in advance if that decision is made. Please supply your VISA credit card number and expiration date here.

VISA Number _____ Expiration Date _____

This authorization is to remain in full force unless revoked or altered. In the event I wish to revoke or alter this authorization, I may do so at any time by delivering written notice to the **Davis Lake Community Association Club House** no later than ten (10) business days prior to the effective date of such revocation or authorization. Ask for a signed receipt acknowledging your change request.

I hereby attest that the above information is correct, and I understand and agree to all provisions of this authorization form.

Signature

Date

Please attach a voided check with this application