

AUTHORIZATION FOR DIRECT COLLECTION

I authorize Sherman Terrace Association, Inc. and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

\_\_\_\_\_  
Name of financial institution (Branch)

\_\_\_\_\_  
City, State, Zip

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

\_\_\_\_\_  
Name – Please print

\_\_\_\_\_  
Address – Please print

Account number \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_

Please attach a voided check to this form.

\_\_\_\_\_  
Retain for your records:

On \_\_\_\_\_ (date), I authorized \_\_\_\_\_

\_\_\_\_\_  
(company name, address, and phone number) to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at anytime by writing to the address above.