

HOMEOWNER AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Association

Name: OCEANSIDE COMMUNITY ASSOCIATION

I (We) hereby authorize Oceanside Community Association, Hereinafter called ASSOCIATION, to initiate debit entries to my (our) Checking Account indicated below at the depository 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 the U.S. law.

*Depository Name: _____ *Monthly Debit Amount: \$ _____

*ACH/Routing Number: _____ *Account Number: _____

(Please verify with your bank for proper number)

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of it's termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

*Name: _____ *Your Association Account Number: _____

*Property Address: _____ *Email Address: _____

*Phone: _____ *Date: _____ *Signature: _____

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

*PLEASE PROVIDE A PHOTOCOPY OF A CHECK OR A VOIDED CHECK WITH YOUR ACCOUNT NUMBER.