AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFT

I hereby authorize <u>David Floyd & Associates, Inc. on behalf of my Homeowners Association</u>, hereinafter called ORGANIZATION, to initiate debit or credit entries to my Checking Account / Savings Account *(circle one)* indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit/credit the same to such account on the sixth of each month (or on the next banking business day if the sixth falls on a weekend of holiday). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name:

Routing Number: _____ Account Number:_____

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

Name:_____

Signature:_____ Date:_____

Please provide a voided check with this authorization form

Homeowners Association Name: ABBOTTSFORD

Address at Property to be Credited:

Owner Name:

Phone Number:

Email Address:

Please send this completed form (along with a voided check) via email to accounting@dfloydassoc.com, via fax to 615-297-9340, or via mail to David Floyd & Associates, Inc. 104 East Park Drive, Suite 320, Brentwood, TN 37027.

<u>*NOTE*</u>*: This completed auto-draft form must be received prior to the 25th of the current month in order for the account to begin drafting the following month.*