

## **AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

entries to my account indicated	•	nit view nereinaiter	called <b>Company</b> to initiate electronic debit
☐ Home Site Rent	□ Open Storage R	ent	
☐ Garage Rent	☐ Community Roo	m Rental	
☐ Fees for Services Rendered			
Withdrawn on: ☐ First of Month	☐ Third of M	lonth □ One Tin	ne Debit
Starting/	./		
I have supplied my financial ins	stitution's (Depository's	) name and my acco	ount number below.
Depository Bank		Transit/Routing Number	
City	State	Account Number	☐ Checking ☐ Savings
	(We) acknowledge that		ed written notification from me of CH transactions to my (our) account must
Name (please print)		Resident ID Numb	er
Date		Signature	

\*\*\*\* PLEASE ATTACH A VOIDED CHECK \*\*\*\*