

HEARTHSTONE MANOR

**AUTHORIZATION AGREEMENT FOR
AUTOMATIC BANK DRAFT**

I hereby authorize David Floyd & Assoc., Inc. on behalf of my H.O.A.
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. 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: _____

Note: Please provide a voided check with this authorization form.

****Completed form must be received prior to the 15^h of the current month
in order for it to begin drafting the following month.***

_____ **Address at property to be credited**
_____ **Name**
_____ **Phone number**
_____ **email address**