## AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFT

hereinafter called ORGANIZATIO Savings Account (circle one) indica hereinafter called DEPOSITORY,	& Associates, Inc. on behalf of my Homeowners Association, N, to initiate debit or credit entries to my Checking Account / tted below at the depository financial institution named below, and to debit/credit the same to such account. I acknowledge ctions to my account must comply with the provisions of U.S.
Financial Institution Name:	
Routing Number	Account Number:
written notification from me of in ORGANIZATION and DEPOSITO	full force and effect until ORGANIZATION has received ts termination in such time and in such manner as to afford ORY a reasonable opportunity to act on it.
Name:	
Signature:	Date:
*** <u>Please provide a vo</u> Homeowners Association Name:	bided check with this authorization form*** DONELSON DOWNS
Street Address:	
Owner Name:	
Email Address:	
Parking Space Number(s):	

## 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 Donelson Downs HOA c/o 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  $25^{th}$  of the current month in order for the account to begin drafting the following month.