

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

ACH DEBITS

Company Name: Holiday Heights Homeowners' Association Inc.; 96 Prince Charles Drive; Toms River, NJ 08757

I, (We) hereby authorize Holiday Heights Homeowners' Association, Inc, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of the U.S. Law.

Depository Name: _____ **Branch:** _____

City: _____ **State:** _____ **Zip:** _____

Routing Number: _____ **Account Number:** _____

I (We) will provide to the Association a VOIDED check.

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

Name (s): _____ / _____

Address: _____

Date: _____ **Signature:** _____

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

*****PLEASE ATTACHED A BLANK, VOIDED CHECK WITH THIS FORM BEFORE SUBMITTING TO THE HOLIDAY HEIGHTS OFFICE. THANK YOU!**