

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Company Name **Woods Property Owners Association**

I (we) hereby authorize **Woods POA** 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, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it

Name(s) \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

NOTE: ONLY NOTIFYING THE COMPANY IN THE MANNER SPECIFIED IN THE AUTHORIZATION MAY REVOKE THIS AUTHORIZATION.

Please mail this completed form and the copy of a canceled check to: **Woods POA  
P.O. Box 130191  
Tyler, TX 75713**

**Your account should be current to implement this automatic draft program. If you have questions about your balance, please call Jenny Clark at 903-531-9400 for details.**

**The first debit to your account will be made on the 16<sup>th</sup> day of the month following the date of receipt by Jenny Clark of this form. Future debits to your account will be made on the 16<sup>th</sup> day of each month thereafter.**

PLEASE ATTACH A COPY OF A CANCELED CHECK