

# DIRECT PAYMENT AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT

I (we) hereby authorize **SADDLE RIDGE ESTATES ASSOCIATION, LTD.**, hereinafter called COMPANY, to initiate debit entries to my account indicated below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U. S. law.

**FINANCIAL INSTITUTION NAME:** \_\_\_\_\_

**ROUTING #:** \_\_\_\_\_

**ACCOUNT #:** \_\_\_\_\_

**TYPE OF ACCOUNT (Circle One):**                      **CHECKING**                      **SAVINGS**

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its terminations in such time and in such manner (at least 14 days) as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.

**UNIT #:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**NAME(S):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **PHONE NO:** \_\_\_\_\_

I wish the first HOA Fee payment to start for the month of: \* \_\_\_\_\_, 20\_\_\_\_\_

ON the  3<sup>RD</sup> DAY OR  17<sup>TH</sup> DAY OF THE MONTH.

THIS IS A NEW ACH ORDER       THIS IS A CHANGE TO A CURRENT ACH ACCOUNT

**Please attach voided check to this form.**

Mail to or insert into the 599 drop box near SREA Info Board by the East Entrance:

Saddle Ridge Estates Association, Ltd.

599 Saddle Rdg

Portage, WI 53901