

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name Palomar Hills Community Association, Inc.

I hereby authorize Palomar Hills Community Association, Inc., hereinafter called Palomar Hills Community Association, Inc., to initiate debit entries to my **Checking Account** **Savings Account** (*select one*) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit 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.

\$180.00 quarterly (January, April, July, October) -Association fee

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until Palomar Hills Community Association, Inc. has received written notification from me of its termination in such time and in such manner as to afford Palomar Hills Community Association, Inc. and DEPOSITORY a reasonable opportunity to act it.

Name _____ Address _____
(please print)

Date _____ Signature _____

NOTE: DEBIT AUTHORIZATIONS “MUST” PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

(Attach Voided Check Here)