AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFT

hereinafter called ORGANIZATION, to Account/Savings Account (circle one) ind named below, hereinafter called DEPOSITO	initiate debit or credit entries to my Checking licated below at the depository financial institution ORY, and to debit/credit the same to such account. It transactions to my account must comply with the
Financial Institution Name:	
Routing Number:	Account Number:
	rce and effect until ORGANIZATION has received nation in such time and in such manner as to afford asonable opportunity to act on it.
Name:	
Signature:	Date:
-	neck with this authorization form***
Homeowners Association Name: River Pla	
Address at Property to be Credited:	Plantation Court
Owner Name:	
Phone Number:	
Email Address:	

Please mail this completed form along with a voided check to:

David Floyd & Associates, Inc. 104 East Park Drive, Suite 320 Brentwood, TN 37027.

NOTE: Completed form must be received prior to the 25th of the current month in order for it to begin drafting the following month.