

Direct Debit Payment Authorization Form

Company Name: Blaze Ridge Property Owners Association Inc__

I hereby authorize __ Blaze Ridge Property Owners Association Inc._ (Company) to initiate debit entries to my account with the financial institution indicated below. This authorization is to remain in full force and effect until Company above has received written notification from me of its termination; at such time and in such manner as to afford Company above and the financial institution no later than 15 days before the next transaction effective date to act on my request.

Customer Name _____ Please Print	Customer # _____ (Street address)
Customer Signature _____	Date _____

Bank Account Information	
Depository Bank Name __	() Checking () Savings
City _____ Clayton _____	State <u>NC</u> Zip <u>27520</u> _____
Routing/Transit Number __	Account Number _____

NOTE: IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN AUTHORIZATIONS MUST BE REVOKED ONLY BY NOTIFYING THE ORIGINATOR (COMPANY) IN WRITING NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE.

PLEASE ATTACH A VOIDED CHECK PER ACCOUNT TO THIS FORM.

The diagram shows a check with the following fields and callouts:

- Payor:** John & Jane Doe, 123 Your Street, Anywhere, USA 12345. Callout: *Checking Account # (usually follows the Routing & Transit #)*
- Date:** _____
- Zip:** 2001
- Pay To The Order Of:** _____
- Amount:** \$ _____ DOLLARS. Callout: *Check Number (is not needed to complete this form)*
- Bank:** YOUR BANK, 123 Your Bank's Street, Anywhere, USA 12345
- Memo:** _____
- Routing & Transit #:** 123456789. Callout: *Routing & Transit # (9 digit number between these two symbols)*
- Check Number:** 2001

*This form is intended for one banking institution. For multiple banking institutions, please complete a different form for each institution.