

**Direct Debit Authorization Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

**ASSOCIATION INFORMATION:**

Association Name \_\_\_\_\_

Maintenance Fee Account # \_\_\_\_\_ Amount \_\_\_\_\_

**BANK INFORMATION:**

Bank Name \_\_\_\_\_

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

**AUTHORIZATION:**

I hereby authorize and instruct my financial institution to deduct the amount of my monthly maintenance fee(s) listed above from the bank account(s) listed on this form and remit directly to "Association".

I understand that payment will be deducted from the bank account specified on the 8<sup>th</sup> of the month, or the next business day following the 8<sup>th</sup> of the month. **I UNDERSTAND MY APPLICATION CANNOT BE PROCESSED WITHOUT EITHER A VOIDED CHECK OR A COPY OF A CANCELLED CHECK FROM THE SPECIFIED ACCOUNT.**

This authority will remain in effect until I have signed a new authorization or notification of cancellation. I agree to fully comply with all aspects of the U.S. law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

QUESTIONS MAY BE DIRECTED TO RESERVE REALTY MANAGEMENT BY CALLING 330-467-0828.

FOR OFFICE USE ONLY:

Date processed: \_\_\_\_\_

By: \_\_\_\_\_