



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I hereby authorize Pheasant Trail Fourth Homeowners Association, hereinafter called Association, and Farmers State Bank to initiate electronic debit entries to my account indicated below to fulfill my monthly dues/fees. I have supplied my financial institution's (Depository's) name and my account number below.

Depository Bank		Transit/Routing Number
_____		_____
City	State	Account Number
_____	_____	_____
Checking <input checked="" type="checkbox"/>		Savings <input type="checkbox"/>

This authority is to remain in full force and effect until the Association has received written notification from me of termination of this Agreement. I (We) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name (Please print)	Address
_____	_____

Amount	Frequency
\$230.00	1 st of each Month

Date	Signature
_____	_____

This authority will remain in effect for current and future increases in dues as long as the resident resides at this address or notice of termination is given.

Please attach a voided check or letter from your bank confirming the routing and account number given above.