Authorization Agreement for Direct Payments (ACH Debits/Credits)

| Vendor: Colonial Heights Homeowners Association | |
|--|--|
| Townhouse Unit# <u>Bashford Rd, R</u> | aleigh, NC |
| referred to as COMPANY, to initiate D Checking Savings at the dep | pository listed below. I (we) acknowledge ns to my (our) account must comply with |
| Address: | |
| | e:Zip: |
| Routing Number: Account Number: | |
| This authorization is to remain in full force and effect until Colonial Heights Homeowners Association has received written notification from me (or either of us) of its termination in such manner as to afford Colonial Heights Homeowners | |
| Association and Fidelity Bank a reasor Names(s) exactly as on your check: | hable opportunity to act upon. |
| (Please Print) | (Please Print) |
| (Please Print) | (Please Print) |
| Signature (both if joint): | Date: |
| | |

*Attach Voided Check