



William C. Smith + Co.
Automated Payment Service Authorization Form

Association Name

Unit #

I/We hereby authorize _____ and the financial institution

Name of Association

listed below to initiate debit entries to my/our „ Checking „ Savings account on the same date each month as approved by the Board of Directors, for funds owed the Association. This authorization will cover any Board approved increase/decrease to the current fee and will remain in effect until I/we have canceled it in writing and permitted the Association and financial institution a reasonable opportunity to act upon it.

Owner's Financial Institution: _____

Branch Location: _____

Branch Telephone: _____

Transit Routing Number: _____
(At bottom left of check)

Bank Account Number: _____

Printed Name(s): _____

Owner Home Telephone: _____

Owner Work Telephone: _____

Date

Signature

Date

Signature