

## Entry Authorization Agreement (ACH Debits) ???? HOMEOWNERS ASSOCIATION

Mark which box: New Request  Change Request  Cancellation  (\*See Below)

**Important Notice:** This Authorization Agreement must be received by Sonoma National Bank at least 10 business days before the first automatic debit will occur. Any payment due prior to that time must be made by other means.

I hereby authorize **Sonoma Bank on Behalf of ????? HOA** to initiate debit entries to my account indicated below, and the Financial Institution named below to debit the same to such account on or around the 8th day of each month, for the payment of Homeowners Dues.

This authorization is to remain in full force and effect until Bank has received proper written notification from me of its termination in such a time and manner as to afford Bank a reasonable opportunity to act upon it. (\*See below.)

PLEASE PRINT:

My Name: \_\_\_\_\_ Financial Institution \_\_\_\_\_

Street \_\_\_\_\_ Address: \_\_\_\_\_

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

Branch Designation: \_\_\_\_\_ Telephone#: \_\_\_\_\_

ABA Routing Number: (Printed 9 digits between colons at bottom of your checks)

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My Account Number: (See your bank statement)

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Please check account type: Checking  Savings

PLEASE PRINT

My Name:

Last Name:

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First Name:

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Middle Initial:

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Home Phone Number: \_\_\_\_\_

Your Authorized Signature: \_\_\_\_\_

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

\* Cancellation: I may cancel this agreement by submitting a copy of this authorization signed below or a letter with substantially the same information to Company bearing my original signature. I hereby cancel this authorization.

Signature: \_\_\_\_\_

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

**Please attach a voided check**