

Automatic Checking/Savings Payment Authorization

Name of the member _____

Slip Number (s) _____

I hereby authorize The Moorings Association to initiate debit entries from my account indicated below and the financial institution named below. I acknowledge the origination of ACH transactions from my account must comply with the provisions of U.S. law. I request the debit entries to occur in the following manner:

Quarterly, on the day ___ of the month beginning on _____ (date)

Member's Name: _____

Member's Address:

City, state, ZIP:

Email address (to receive confirmation):

Financial Institution Name:

Financial Institution Routing number:

Account number:

Account type:

Checking

Savings

This authority is to remain in full force and effect until The Moorings Association has received written notification from me of its termination in such time and in such manner as to afford The Moorings Association and financial institution a reasonable opportunity to act on it. **Please attached a voided check**

Member's Signature _____ Date _____