

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I certify that I am an agent on the checking account listed below, and I hereby authorize **Poplar Creek Condominiums** and its agents, including financial institutions, to initiate debit entries and if necessary credit entries and adjustments for any debit entries made in error to the account listed below.

This agreement will remain in effect until **Poplar Creek Condominiums** or its agents are notified of its cancellation in writing and they have had a reasonable time to effect such cancellation.

Account Owner Authorization

| | | |
|---|-----------------------------------|----------------------------------|
| Legal Account Name/s: | | |
| Condo Unit Address: | | |
| Account Number: | | |
| Type of Account: | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
| Financial Institution Name: | | |
| Financial Institution Routing/Transit Number: | | |
| Signature: | | |
| Date: | | |

The diagram shows a check with the following fields and labels:

- Your Name** and **Your Address** at the top left.
- 1001** at the top right.
- DATE** followed by a line for the date.
- PAY TO THE ORDER OF** followed by a line for the payee.
- \$** followed by a box for the amount.
- DOLLARS** below the amount box.
- Your Bank Name** followed by a line for the bank name.
- MEMO** followed by a line for the memo.
- 123456789** (9 Digit Routing Number) followed by **0000987654321** (Your Account Number) followed by **1001** (Check Number).

A completed ACH authorization form must be kept on file for each participant in the direct payment program.

Mail this form along with a voided check (no deposit slips accepted) for the account to be debited to:

Poplar Creek Condos
1202 Regent Street
Madison, WI 53715