

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH DEBITS)

ASSOCIATION NAME FRANCISCO OAKS VILLAGE OWNERS

ACCOUNT NUMBER 02-32634-5

I (we) hereby authorize AMC, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account on the **5th day of each month.**

BANK NAME _____

BANK BRANCH _____

CITY _____ STATE _____ ZIP _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____
(PLEASE PRINT)

DATE _____

SIGNED _____

SIGNED _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

IN ORDER TO VALIDATE THIS AUTHORIZATION YOU MUST ATTACH A VOIDED CHECK FROM THE ACCOUNT TO BE DRAFTED.

For Company Use Only: ROUTING NUMBER _____ ACCOUNT NUMBER _____ ASSOCIATION ID NUMBER _____
