AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (DIRECT DEBIT)

I (We) hereby authorize <u>Derwood Station Homeowners Association, No. 2</u> , herein after called COMPANY, to initiate debit entries and/or correction entries to our (select one):		
	Checking Account Savings Account	
Indicated below to the depository (bank) named below, herein after called DEPOSITORY in the amount of:		
☐ Current HOA/Condo Fee (This will be adjusted as necessary in future years if the fee changes)		
	John Doe Smith 517 PH (502)555-0000 555 Some Street Some Place, Some State Pay to the Orde This is your routing For number. For 10000000002012 00000000000000000000000	Date Date Dollars Dollars Dollars Dollars
Depository (Bank) Name		Bank Transit/Routing Number
City and State		Bank Account Number
Start Date for Direct Withdrawal Please note that this form must be received by the 25 th of the month prior to the effective month in order to get set up on our system.		
PLEASE ATTACH A VOIDED CHECK OR BANK NOTE SHOWING THE ACCOUNT NUMBER AND ABA NUMBER. DO <u>NOT</u> ATTACH A DEPOSIT SLIP.		
DEBITS OCCUR ON THE 10 TH OF THE MONTH FOR THAT RESPECTIVE CALENDAR MONTH		
Note: Returned debits will be subject to a \$30.00 NSF fee.		
This authorization is to remain in full force 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 reasonable opportunity to act upon it.		
Homeowner Name(s)		Property Address/Account #
E-mail Address (Needed for confirmation)		Phone Number
Signature(s)	Date	Mailing Address (if different)
Please continue making payments on your account until you receive confirmation that your direct debit has started. Contact TMGA at (301) 948-6666 if you have any questions.		