



**HUNTERS RIDGE COMMUNITY ASSOCIATION
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

I (we) hereby authorize the Hunters Ridge Community Association to initiate debit or credit entries and adjustments to my checking or savings account (select one) indicated below, and the depository to debit and/or credit the same such account.

BANK NAME: _____ **Checking** _____ **Savings** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TRANSIT/ABA NUMBER: _____

ACCOUNT NUMBER: _____

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

NAME _____
(Please Print)

Member# _____

(Signature)

(Date)

Select accounts listed below for payment auto debit. Payments will be debited from your account on the 20th of each month, or the first business day following the 20th if necessary.

ACH _____ Hunters Ridge Country Club (monthly club statement)

ACH _____ Hunters Ridge Community Association (quarterly single-family & villa)

Please attach copy of voided check. ACH is not available for Canadian or Foreign Accounts.