

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED  
PAYMENTS (ACH DEBITS)**

COMPANY NAME Holiday Park Homeowners Association COMPANY NUMBER 23-7296486

I (we) hereby authorize HPHA, hereinafter called COMPANY, to initiate debit entries, on a quarterly basis, and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking and/or Savings Account(s) [select one] indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

AMOUNT \$ 165.00, quarterly EFFECTIVE DATE \_\_\_\_\_

DEPOSITORY NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

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

ACCOUNT HOLDER'S NAME(s)

\_\_\_\_\_  
(Please Print) (Signature) (Date)

\_\_\_\_\_  
(street address)

\_\_\_\_\_  
(Joint Owner - Please Print) (Joint Owner - Signature) (Date)

\_\_\_\_\_  
(Social Security Number) (Joint Owner - Social Security Number)

**(PLEASE ATTACH A VOIDED CHECK)**

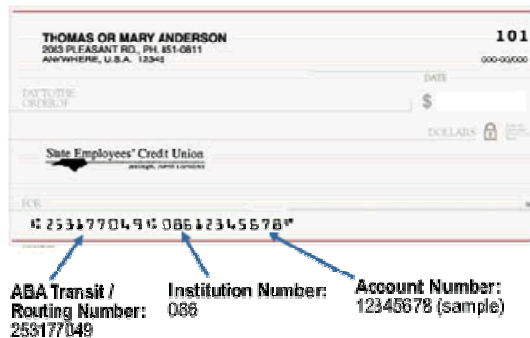
\_\_\_\_\_  
(Signed) Dave Santucci, Treasurer

## INSTRUCTIONS FOR FILLING OUT AUTHORIZATION AGREEMENT

- **Checking** and/or **Savings** Account(s) [**select one**] - Indicate if you want your dues payment to come from your checking or savings account by making a check mark in the space provided.
- AMOUNT \$ -
  - \$148.50 for quarterly payments, if your account is paid current
  - \$165.00 for quarterly payments, if your account is NOT paid current, i.e. you are behind in the payment of your HPHA dues and assessments.

If you pay off your outstanding balance you can still take advantage of the 10% discount, (as well as avoid an 8% interest charge on your outstanding balance). Please attach a check for the outstanding balance when you submit this form. If you are unsure if you are behind or how much you currently owe, please contact Dave Santucci, HPHA's Treasurer, at 972-386-9414.

- EFFECTIVE DATE – Write in the date you want the Auto Pay feature to start.
- QUARTERTLY – HPHA payments will be made quarterly.
- DEPOSITORY NAME, CITY, STATE, ZIP CODE – This is the name and address of **your** bank.
- TRANSIT/ABA NO. and ACCOUNT NUMBER – These numbers are often printed on your checks, or you can call your bank for this information.



- ACCOUNT HOLDER'S NAME(s) – Please print and sign your name, and write in the date and your social security number. If your account is held jointly, please have the joint owner also print and sign their name, and provide their social security number.
- **(PLEASE ATTACH A VOIDED CHECK)** – It is important that you attached a voided check to this form.
- Please return this form to Dave Santucci, 15725 Kingscrest, for his signature. **Please do not take the form directly to Signature Bank.**
- If you have any questions regarding how to complete this form, please contact Dave Santucci, 972-386-9414.