Dear Homeowner,

This form will set up your monthly dues to automatically be debited from the account of your choice. Please complete it and mail/fax/email back to us. A voided copy of a check from the account is required.

## Authorization Agreement for Direct Deposits (ACH Debits)

		Month to begin Debit		
my/ our ( ) Che hereinafter called <b>DI</b>	cking ( ) Savings accour E <b>POSITORY</b> , and to Deb	POLITAN DISTRICT NO. 2, hereinafter cal nt (select one) indicated below at the de bit the same to such account. I (we) a with the provisions of U.S. Law.	pository financial institution name	d below,
DEPOSITORY NAME		BRANCH		
CITY		STATE	ZIP	
ROUTING NUMBER		ACCOUNT#		
,		nt number is on your statementDISTR	ICT ACCOUNT NUMBER	
DATE	_SIGNATURE	SIGNATURE		
Contact Phone N	lumber ( <u>)</u>	<u>-</u>		
Email Address		@		
Property Addres	S			