BANK ACCOUNT

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANIX

COMPANY NAME: <u>L</u>	EISURE VILLAGE WEST ASSOCIATION	_
initiate debiť er		<u>FASSOCIATION</u> , hereinafter called COMPANY, to bw and the depository named below, hereinafter called BANK
BANK NAME:		_
MONTH AND	YR. OF FIRST WITHDRAWL:	_
	NG ACCOUNTS, PLEASE ATTACH A VOID VIDE THE ROUTING # AND BANK ACCOUN	ED CHECK TO THIS FORM. FOR SAVINGS ACCOUNTS T # FOR VERIFICATION.
either of us) o opportunity to a from my accou	of its termination in such time and in such act on it. I am aware that the fees are due o	ANY and BANK have received written notification from me (o manner as to afford COMPANY and BANK a reasonable on the first of each month, and the withdrawal will be initiated I am also aware that effective October 1 of each year, the it amount will change accordingly.
NAME(S):	(PLEASE PRINT)	PHONE. NO.:
UNIT ADDRES	SS:	EMAIL ADDRESS:
DATE:	SIGNED: X	SIGNED: X