

## Authorization Agreement for Direct Payments (ACH Debits)

Fill out this Form and Mail it to: Foxboro Coventry  
PO Box 522398  
Salt Lake City, Utah 84152-2398

Name (Last, First) \_\_\_\_\_

I hereby authorize my homeowner association, Foxboro Coventry Towns, to initiate debit entries at the depository financial institution named below and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking or  Savings Account (select one)

This authorization is to remain in full force and effect until the Association has received written certification from me (or either of us) of its termination in such time and in such manner as to afford the Association and Financial Institution a reasonable opportunity to act on it.

NOTE: All written debit authorizations **must** provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Please indicate the month/year you want to begin the direct payments: \_\_\_\_\_.

**Note: All changes or setup documentation must be received by the 25<sup>th</sup> of the month.**

I understand the direct payments are withdrawn on the 10th business day of each month. I understand that **only** my regular HOA fees will be debited. Any additional fines, late fees or assessments require written approval.

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Address, City, ST, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check from the corresponding checking account listed above**