



AUTHORIZATION AGREEMENT

DIRECT PAYMENTS (ACH DEBITS)

I hereby authorize WEDGEWOOD OWNERS ASSOCIATION to debit my account indicated below and the Financial Institution named below. I acknowledge the origination of ACH transactions to my account must comply with the provisions of United States law.

Financial Institution Information

(Financial Institution Name)

(Branch)

(Financial Institution Address)

(City/State) (Zip)

(Routing/Transit Number)

(Account Number)

Type of Account ____ Checking ____ Savings

Resident Contact Information

(Print Resident Name)

(Resident Address)

(Resident Phone Number)

(Resident Email Address)

(Resident Signature)

(Date)