

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

(ACH DEBITS)

I (we) hereby authorize **Windjammer Village of Little River, POA** ("COMPANY"), to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

_____ Checking Account/_____ Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name _____

Routing Number _____ Account Number _____

Amount of debit (set amount each period) _____

Date and/or frequency of debit(s) _____ Monthly (3rd)

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to revoke this authorization. I (we) understand the COMPANY requires at least 5 business days prior notice in order to cancel this authorization.

Name(s) _____

Date: _____ Signature(s) _____
