

AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFT

I hereby authorize David Floyd & Associates, Inc. on behalf of my Homeowners Association, hereinafter called ORGANIZATION, to initiate debit or credit entries to my Checking / Savings Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit/credit the same to such account on the sixth of each month (or on the next banking business day if the sixth falls on a weekend or holiday). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until ORGANIZATION has received **written notification** from me of its termination in such time and in such manner as to afford ORGANIZATION and DEPOSITORY a reasonable opportunity to act on it.

Name: _____

Signature: _____ Date: _____

Homeowners Association Name: _____

Address at Property to be Credited: _____

Owner Name: _____

Phone Number: _____

Email Address: _____

*****Please provide a voided check with this authorization form*****

Please send this completed form via email to accounting@dfloydassoc.com, via fax to 615-297-9340, or via mail to David Floyd & Associates, Inc. 104 East Park Drive, Suite 320, Brentwood, TN 37027.

NOTE: This completed auto-draft form must be received prior to the 25th of the current month in order for the account to begin drafting the following month.