



ACH DEBIT (WITHDRAWAL) AUTHORIZATION

I/We authorize Beaverdam Run Condominium Association (BRCA) to initiate a debit entry to my/our account at the Depository (identified below) for the purpose of accomplishing the following authorized payment:

Assessment: \$825.00 (Amount may vary annually.)
Frequency: Monthly (first business day of the month)
Start Date: Usually third month after closing

Name of Depository: _____

Routing Number: _____

Account Number: _____

Type of account identified above: Checking Savings

Please attach a voided check.

My/our account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We understand that this authorization will remain in full force and effect until the BRCA Treasurer has received notification from me (or either of us) of its termination in such time and in such manner as to afford the BRCA Treasurer and the Depository a reasonable time to act on it.

Street Address of Unit at Beaverdam Run: _____
Print/Type Street Address @ Beaverdam Run

Name (1): _____
Print/Type Name (1)

Signature (1) _____ Date (1)

Name (2): _____
Print/Type Name (2)

Signature (2) _____ Date (2)

Instructions: Complete all information above and sign/date on the appropriate signature line(s). Attach a **voided check** with the same account number to this form. Send completed and signed form to **Corporate Secretary** at the address at the top of this form **OR** seal the voided check with this completed form in an envelope and place it in the **BRCA Treasurer/1 Stony Ridge** mail slot at the Gazebo.

[For BRCA use only: Established debit _____ to start on _____]
Date Established Start Date Initials