

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

**Association Name: Adena at Miami Bluffs Condominium Association**

I/we, hereby authorize **Adena at Miami Bluffs Condominium Association**, hereafter referred to as "the Company", to initiate debit entries to my/our \_\_\_\_ Checking Account/ \_\_\_\_ Savings Account (**select one**) indicated below at the depository financial institution named below, hereafter referred to as "the Bank", 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 the United States Law.

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Please attach a voided check.**

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

Name(s): \_\_\_\_\_ (Please print) \_\_\_\_\_ (Please print)

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

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

Date: \_\_\_\_\_ Phone # \_\_\_\_\_

**Note: Debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the specified manner in the authorization.**

**Payments will be withdrawn on the last business day of each month.**

Please return this form to:

Stonegate Property Management  
P.O. Box 687  
Hebron, KY 41048  
joey.fay@insightbb.com

Rec'd in office \_\_\_\_\_