

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

**DIAMOND SANDS HOMEOWNERS ASSOCIATION, INC.**

Property Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

I (we) hereby authorize **CENTER STATE BANK** , to initiate debit entries from the bank account indicated below for the benefit of the depository named above. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. ***I (we) confirm that the source of the funds for payment of these debit entries will not originate from a Financial Agency's office located outside the territorial jurisdiction of the United States.***

Bank Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

This authorization is to remain in full effect until the Originator (Center State Bank) has received written notification from the bank account owner(s) of any termination. This should be done in a suitable manner to allow all parties involved the opportunity to process any changes within a reasonable amount of time.

Name (please print) \_\_\_\_\_

Name (please print) \_\_\_\_\_

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

***Note: In case of revoked authorization, written notification must be made to the originator no later than 15 days before the effective date of the next transaction.***

**Please attach a VOIDED check**