

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

NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY

I (we) hereby authorize ASSOCIATION SOLUTIONS , hereinafter called "Company," to initiate debit entries to my (our) Checking Account or Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called "Depository," and to debit the same to such account for the purpose of collecting maintenance fees for my community association. I (we) understand that this debit will occur on or about the 3rd of each month in which quarterly maintenance fee payments are due. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Depository Name (name of bank): _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number (9 digits): _____ Account Number: _____

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time, and in such manner, as to afford Company and Depository a reasonable opportunity to act on it.

My association is: Stratford Pointe HOA

Stratford Pointe Address: _____

Name(s): _____
(Please print) (Please print)

Signature(s): _____

Date: _____

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PLEASE RETURN FORM AND VOIDED CHECK
Association Solutions of Central Florida
811 Mabbette Street
Kissimmee, FL 34741

Management Company Use Only: _____

Homeowner Account Number: _____

Date entered: _____