

LEDGESTONE CONDOMINIUM ASSOCIATION

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS  
(ACH CREDITS)

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

For the sole purpose of paying my (our) monthly Association dues, I (we) hereby authorize **LEDGESTONE CONDOMINIUM ASSOCIATION** to initiate credit entries to my (our) account and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below at the depository names below.

DEPOSITORY NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ROUTING/ABA NO. \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_ [ ] Checking [ ] Savings

This authority is to remain in full force and effect until LEDGESTONE CONDOMINIUM ASSOCIATION has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford LEDGESTONE CONDOMINIUM ASSOCIATION and the Originating Depository Financial Institution a reasonable opportunity to act on it.

ACCOUNT NAME: \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

PLEASE ATTACH A VOIDED BLANK CHECK.

Ledgestone Condominium Association P.O. Box 401 Rockford, MI 49341  
Phone (616) 874-3371 Fax (616) 874-3381