



# The Refuge Community Association, Inc.

## Debit Authorization Agreement

### AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL (ACH DEBITS)

OWNER NAME: \_\_\_\_\_

CURRENT QUARTERLY ASSESSMENT AMOUNT IS: \$408.00 per quarter  
(Jan., Apr., Jul., & Oct.)

I (We) hereby authorize Amy Telnes Management Services, LLC. , to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) (  ) Checking account or (  ) Savings account (select one) indicated below at the bank named below, herein after called DEPOSITORY, to credit and/or debit the same to such account.

The current quarterly debit to your account will be your quarterly assessment amount, to be pulled from your account on the 5th day of each quarter, or the next business day.

BANK NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

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

ACCOUNT HOLDER NAME(S): \_\_\_\_\_  
(Please Print)

LOT NUMBER: \_\_\_\_\_ OR REFUGE ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ SIGNED: \_\_\_\_\_

**NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**