

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

COMPANY: UWHARRIE POINT COMMUNITY ASSOCIATION
TAX ID: 56-1758991

I hereby authorize Uwharrie Point Community Association, hereinafter called UPCA, to initiate debit entries to my (our) checking account indicated below at the financial institution named below, hereinafter called DEPOSITORY, to debit the same to such account. This authorization is solely for the purpose of UPCA dues.

FINANCIAL INSTITUTION NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA ROUTING NUMBER _____

ACCOUNT NUMBER _____

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

Please Print

NAME (S) _____

NAME (S) _____

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

CHECK ONE:

Please begin debiting my account as reflected above.

I am currently participating in the Direct Payments Program

CHANGE – Change financial institutions and/or account number.

CANCEL – Stop my participation in the program.

IMPORTANT! ATTACH A VOIDED CHECK HERE (Please do not use a Deposit Slip.)