## Authorization Agreement for direct payments (A \$1.00 convenience fee maybe charged per transaction)

I (we) herby authorize Lavei	nder Estates Homeowners Association hereinafter
called company, to credit/de	ebit entries to my (our)checking account
savings account ind	icated below at the depository institution named
below, hereafter called dep	ository, to credit/debit the same such account. I (we)
acknowledge that the origin	ation of ACH transactions to or from my (our) account
must comply with the provis	
Depository Name:	
Branch	City
State	Zip Code
written notification from me	ain in full force and effect until company has received e (or either of us) of its termination in such time and in DMPANY and DEPOSITORY a reasonable opportunity
Name (s) on account:	
Account Number:	
Signature:	Date:
Property Address (in HOA) :	
Phone:	email:

## PLEASE ATTACH VOIDED CHECK

NOTE: WRITTEN CREDIT/DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

RETURN TO: Silver Sage Realty <u>associations.ssr@gmail.com</u> or P.O. Box 44123, Rio Rancho, NM 87174