



**AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS
(DEBITS)**

COMPANY

NAME: The Village at Copper Association, Inc.

COMPANY

ID NUMBER: _____

I (we) hereby authorize The Village at Copper Association, Inc., hereinafter "Company", to initiate debit entries to my (our) ___ Checking ___ Savings (select one) account indicated below and the depository bank named below, hereinafter "Depository", to debit the same account.

DEPOSITORY:

NAME: _____

BRANCH: _____

CITY: _____

STATE: _____

ZIP: _____

ABA/ROUTING No.: _____

ACCOUNT No.: _____

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

NAME(S) (PRINT): _____ **ID/SS #:** _____

SIGNATURE: _____ **DATE:** _____

**PLACE A
VOIDED CHECK
HERE**