



ACH Agreement Form

Authorization Agreement

I hereby authorize Wynlakes Residential Homeowners' Association to initiate automatic withdrawals from my account at the financial institution named below. I also authorize Wynlakes Residential Homeowners' Association to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Wynlakes Residential Homeowners' Association responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in withdrawing funds from my account.

This agreement will remain in effect until Wynlakes Residential Homeowners' Association receives a written notice of cancellation from me or my financial institution, or until I submit a new ACH Agreement to the Wynlakes Residential Homeowners' Association Office. Withdrawals for Wynlakes Residential Homeowners' Association Dues will be drawn from the account on the 5th of January and July, unless otherwise agreed upon.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Wynlakes HOA Office.