AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS (DEBITS)

COMPANY NAMEWellington Neighborhood Association	
I (We) hereby authorizeWellington Neighborhood Association, hereinafter called COMPANY, to initiate debit entries to my (our) CheckingSavings (select one) Account indicated below and the bank/depository named below, hereinafter called DEPOSITORY, to debit the same account.	
DEPOSITORY	
NAME	BRANCH
CITY	STATE ZIP
ROUTING NO	ACCOUNT NO
This authority is to remain in full force and effective until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.	
NAME(S)	PHYSICAL ADDRESS
SIGNED	DATE

PLACE A

VOIDED CHECK

HERE