Automatic Checking Payment Authorization

Name of the member: _____

Slip #'s

I hereby authorize The Moorings Association to initiate debit entries from my account below and the financial institution named below. I acknowledge the origination of ACH transactions from my account much comply with the provisions of U.S. law. I request the debit entries to occur as follows:

- Quarterly, on the 1st of the month beginning on
- Yearly, on the 1st of January beginning on:

Member's Name:

Address:

Email Address: (to receive confirmations)

Financial Institution Name:

Routing Number:

Account Number:

This authority is to remain in full force and effect until The Mooring Association has received written notification from me of it's termination in such time and in such manner as to afford The Mooring Association and financial institution a opportunity to act on it.

Member's Signature: Date: