

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Chattahoochee Hills Homeowners Association, Inc.

Company Name GW & Associates, Inc. Company ID Number 58-1716430

I (we) hereby authorize GW & Associates, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Debit my account on or about the 5th of each month.

Depository Name _____ Branch _____
City _____ State _____ Zip _____
Routing Number _____ (9 Digits) Account Number _____

This authorization is to remain in full force and effect until COMPANY has 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) _____ Individual ID Number _____
(Please Print) (To Be Completed by Company)

Signature _____ Date ____/____/____

Please attach a VOIDED CHECK for the account that will be debited.