FOR OFFICE USE ONLY:

PROPERTY#:_____ BLDG. APT.#_____START DATE:_____

AUTHORIZATION AGREEMENT FOR ORIGINATION OF ACH ENTRIES (ACH CREDITS OR DEBITS)

I (we) hereby authorize **CLOVERLEAF COMMUNITIES,** hereinafter called COMPANY, to initiate automated clearinghouse entries to my (our)

☐ **Checking** ☐ **Savings** account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME: _____TRANSIT/ABA #: _____
(BANK NAME) (ROUTING #)

ACCOUNT #:_____

This authority is to remain In full force and effect until COMPANY has received written notification of its termination in such time and manner as to afford COMPANY and DEPOSITPORY a reasonable opportunity to act on it.

NAME(S):_____ ADDRESS:_____

DOLLAR AMOUNT YOU WOULD LIKE TO BE TAKEN OUT EACH MONTH: $_____MONTH TO START: _____

DATE:_____ SIGNATURE:_____
DATE:_____ SIGNATURE:_____

ATTACH VOIDED

CHECK HERE

UPDATED: 4/13/18