



## Authorization for Direct Debit

I (We) hereby authorize \_\_\_\_\_ (hereinafter called Company) to initiate Debit entries to my (our) account(s) indicated below, and the depository financial institution named below (hereinafter called Depository) to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

**Depository Name:** \_\_\_\_\_ **Branch:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Account Type:**  Checking Account  
 Savings Account

**Start Date:** \_\_\_\_\_

**Frequency:**  Weekly  
 Bi-Weekly  
 Semi-Monthly  
 Monthly  
 Other \_\_\_\_\_

This authority 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):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**email address:** \_\_\_\_\_

Please attach a **Voided Check** here.

**Please send your completed form to:**

Galway Hills HOA  
PO Box 5211  
Coralville, IA 52241