

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
WHITE MOUNTAIN VACATION VILLAGE RSA**

Homeowner Name(s): _____

Homeowner Address: _____

Homeowner ID #: _____ (HOAMCO will fill in if you do not know)

Is this Authorization: New Addition _____ Change _____ Deletion _____

I HEREBY AUTHORIZE HOAMCO/WHITE MOUNTAIN VACATION VILLAGE RSA, HEREINAFTER CALLED *COMPANY*, TO INITIATE DEBIT ENTRIES FOR THE CURRENT BALANCE DUE FROM THE ACCOUNT AND THE DEPOSITORY INDICATED BELOW.

Effective Date (Month/Year): _____

Name on Account _____

Depository _____

Your Bank Name

City

State

Banking Transit / ABA# _____ (9 digits) Account No. _____

Checking Savings

****ATTACH A VOIDED CHECK AND A CHECK FOR THE CURRENT ASSESSMENT**
PLEASE NOTE THAT PAYMENTS WILL BE DRAWN BETWEEN THE 3RD – 5TH OF THE MONTH**

This authority is to remain in full force and effect until Company and Depository have received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Authorized Signature for Above Account Printed Name Date

Authorized Signature for Above Account Printed Name Date
(If second signature is required)

To receive an Email verification of receipt and start date, please provide us an email address:

Mail completed form to HOAMCO, PO BOX 10000, Prescott, AZ 86304