

Attach Voided Check Here

THE PACIFIC UNIT #: _____

Start Month of: _____

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

Association Name: _____

Effective the fifth day of each month, I (We) hereby authorize Horizon Management Company, hereinafter called COMPANY, to initiate debit entries to my (our)

(Select One)

Checking Account

Savings Account

indicated below at the depository institution name below, hereinafter called BANK, in the amount of any assessment duly authorized and noticed by my Association's Board of Directors.

Bank Name: _____ Branch: _____

City: _____ State: _____ ZIP: _____

Routing Number: _____ Account Number: _____

(9 digit number on left bottom portion of check)

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 manner as to afford COMPANY and BANK reasonable opportunity to act upon it.

If two signatures are required on your account, then both must sign this agreement.

Name(s): _____
Please print Please print

Address: _____
Street City State Zip

Signature(s): _____

Date: _____ Daytime Number: _____

**** Please Note: To insure accuracy, you MUST attach a VOIDED check from the account identified above.**

*****We must receive this form before the 15th of December to start the next month.**