

HIGH TIDE

ASSOCIATES

Real Estate Services • Brokerage • Regime & Association Property Management

Kingston Cove

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)
ALL DIRECT DRAFT TRANSFERS WILL BE DRAWN ON OR AROUND THE 10TH OF THE MONTH
OF WHICH IT IS DUE.

I (we) hereby authorize High Tide Associates (HTA), hereinafter called COMPANY, to initiate debit entries to my (our) checking or savings account indicated below at the depository financial institution named below, hereafter 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.

Your Banking Information:

Depository Name: _____ Branch: _____ (Bank Name)
(Location) City: _____ State: _____ Routing Number: _____
Account Number: _____ Checking Account _____ Savings Account _____

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.

If you wish to stop direct draft you must notify High Tide Associates in writing, including the date you would like the services to be discontinued. Your Personal Information: (Please Print) Account Number (Example: ABC1234): _____

Name(s): _____ Phone Number: _____ day
_____ evening

Signature: _____ Date: _____

Signature: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK TO THE BOTTOM OF THIS
AUTHORIZATION FORM