



Sherwood Forest

SHERWOOD FOREST HOMES ASSOCIATION

Authorization for Automatic Draft

ACH (Automated Clearing House) Authorization

OR

PayPal Authorization (Please add 2.9% to help cover the cost of merchant fees)

I (We) hereby authorize the Sherwood Forest Homes Association., hereinafter called "SFHA," to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called "Financial Institution," to credit 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.

Please indicate your Annual Dues payment option : (circle one) ACH or PayPal

Amount of each payment: _____ Δ Annually Δ Quarterly Δ Monthly

If ACH : _____
(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: ___Checking ___ Savings

This authorization is to remain in full force and effect until SFHA has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the SFHA and Financial Institution a reasonable opportunity to act on the request.

(Print Signers Name) (Signature) (Address)

(Date) (Contact Phone)

Email: Bob@ColemanAcctg.com

Fax: 913-800-8673

Ph: 913-787-0308

Bob Coleman, Treasurer 6344 Robin Hood Lane

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM (Optional)