



Unit #

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) hereby authorize Forest Hills Cooperative, hereinafter called **COMPANY** to initiate debit entries to my (our) account indicated below and the depository named below, hereinafter called **DEPOSITORY** named, to debit same to such account.

Depository Branch (Bank) _____
City: _____ State: _____ Zip: _____

Checking Account **Savings Account**
Account # _____ Transit/ABA # _____

Effective Start Date: _____

This authority is to remain in full force and effective until written notification of 30 days of its termination from either party and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

Furthermore, I have received a copy of, and agree to abide by, the rules of the preauthorized payment regulations.

Print your name as it appears on your account: _____

Address: _____

Telephone (Day): _____ (Evening): _____

Signature: _____

Print your name as it appears on your account: _____

Address: _____

Telephone (Day): _____ (Evening): _____

Signature: _____