

## **Direct Payment Authorization Form**

We are pleased to offer you the Direct Payment Plan through Liberty Bank. You can have your payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service. The Direct Payment Plan will help you in several ways:

- It saves time – fewer checks to write and mail.
- Helps pay your bills in a convenient and timely manner – even when you are out of town.
- Your payment is always on time
- It saves postage
- It is easy to sign up for, easy to cancel.

### **Here's how the Direct Payment Plan works:**

You authorize regularly scheduled payments to be made from your checking or savings account. Your payments will be made automatically on the specified day. Proof of payment will appear on your statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before the payment date.

To take advantage of this service, complete the attached authorization form and return it to Northwest Association Management with your next payment.

All you need to do is:

1. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution, name, location and date.
3. **Attach a voided check for verification of all financial institution information**, if you are unable to attach the voided check, please fill in your account number and routing number.

**NOTE: Please be sure to sign the form!**

### **Please complete the information below.**

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I authorize The Parks Homeowners Association to initiate electronic debit entries for payment of my homeowner's association dues from my:

\_\_\_\_ Checking account (or) \_\_\_\_ Savings account

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Acct. Number at Financial Institution \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_

Financial Institution City and State \_\_\_\_\_

**Signature** \_\_\_\_\_

Please note it may take more than one billing statement to be in effect. Please continue to pay via check until you stop receiving monthly statements.