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Please return  
this form to  
Karen Post  
at this address

### AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

*Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.*

I (We) authorize **Tealwood Homes Association, Inc.** ("COMPANY") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

\_\_\_\_\_ Checking Account/ \_\_\_\_\_ Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name \_\_\_\_\_ Property Address:  
\_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amount authorized]: \$170 per month

Date(s) debit(s): 5th of the month.

I (We) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 7 DAYS prior notice in order to cancel this authorization.

Name \_\_\_\_\_ Name \_\_\_\_\_  
[please print] [please print]

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

**A COPY OF A VOIDED CHECK IS NEEDED:**