

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Print Name	
Address	
City/State/Zip	
Name of Association	
Unit Number	Month & Year for First ACH Debit to Account

I hereby authorize Herriman & Associates, Inc., management agent for the association named above, to initiate debit entries to my (select one)  Checking Account  Savings Account indicated below at the depository financial institution named below and to debit the same to such account. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of U.S. law. I acknowledge that the payment amount may change from time to time and I will receive notification of such change in general association correspondence. I acknowledge that the first debit to my account will be processed the month and year indicated unless I am notified otherwise.

This authorization is to remain in full force and effect until Herriman & Associates, Inc. has received written notification from me of its termination in such time and such manner as to afford Herriman & Associates, Inc. and my financial institution a reasonable opportunity to act on it.

Name of Financial Institution	
Account Number	
<b>SIGNATURE REQUIRED</b>	Date

• **ATTACH A VOIDED CHECK HERE**

Return this form to:

**Herriman & Associates, Inc.  
41486 Wilcox Road  
Plymouth, MI 48170-3104**

**FOR OFFICE USE ONLY**

DATE ENTERED
PAYMENT \$
MONTH & YEAR OF FIRST DEBIT