AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)
Regular Scheduled Assessments

Homeowner Name:_____

Account Number: _____

Telephone Number:_____

Property Physical Address:_____

I (we) hereby authorize **Franklin Heights Homeowners' Association**, hereinafter called COMPANY, to initiate debit entries to:

(Select only one of the following)

My (Our) ____ Checking Account Start Date _____

My (Our) ____ Savings Account Start Date _____

indicated below at the depository financial institution named below, hereafter-called DEPOSITORY, and to debit 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.

Depository Name:_____

Branch_____

City:_____ State:_____ Zip:_____ - _____

Routing Number:_____

Account Number:_____

****NOTE: PLEASE PROVIDE A VOIDED CHECK FOR THE ABOVE ACCOUNT WITH THIS FORM.**

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s)_____
(Please Print)

Signature_____

Date_____

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN WRITING.

Please return the form to: **Franklin Heights Homeowners' Association**
1800 Preston Park Blvd., Suite 101
Plano, TX 75093
Attn: Accounts Receivable Department

Please call Customer Service if you have any questions: 972-943-2828

(Form Date 5/30/06)