AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH DEBITS)

c/o D. H. Bader Management Services 14435 Cherry Lane Court, Suite 210 Laurel, MD 20707-4994	Address:Phone #:
I (We) hereby authorize Tall Oaks Crossing HOA debit entries and/or correction entries to our checl below, herein called DEPOSITORY , to credit th owed to the company.	
DEPOSITORY (Your Bank) NAME	BRANCH (of your bank)
CITY (Where bank is located)	STATE (Where bank is located)
BANK TRANSIT/ABA NUMBER (9 Digit number on bottom of check)	ACCOUNT NUMBER
	COMPANY has received written notification from and in such manner as to afford COMPANY and on it.
NAME	NAME
SIGNATURE	SIGNATURE

*** Please attach a voided check to this Agreement and mail to the address listed above. ***

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