ACH AUTHORIZATION FORM

CUSTOMER INFORMATION

NAME: _____

(Please Print or Type)

SSN: _____

I hereby authorize: <u>Villas of West Ashley</u>

To initiate: [ ]   debit/drafts   [ ]   credits / payments

To my: [ ]   checking account   [ ]   savings account

I understand that, if necessary, an adjusting debit or credit entry may be made to correct an error.

I also authorize the financial institution named below to credit and/or debit my account for the correcting entries. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

ACCOUNT INFORMATION

NAME OF BANK: _____

CITY/STATE: _____

BANK ROUTING NUMBER : _____

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

This authority will remain in full force and effect until such time as <u>Villas of West Ashley</u> has received written notification from me that the draft authorization has been revoked. It is further provided that written notification of termination, by either party, shall be provided in such time and manner as to afford either party reasonable opportunity to act on it.

_____

Signature   Date

Please attach a voided check.   CS-ACH-0903