

Authorization Agreement for Direct payments
(ACH DEBITS)

Hiddenbrooke POA (119)

Start Date: _____

I, _____ hereby authorize Hiddenbrooke POA to initiate debit entries to my
() Checking account () Savings account

from the depository financial institution named below. **Debit will occur on or after the 10th of each July.**

My banking information:

BANK: _____ BRANCH: _____

City: _____ STATE: _____ ZIP: _____

ROUTING #: _____ ACCOUNT #: _____

Attached is a voided check drawn on the account to be debited each year.

This authorization is to remain in full force and effect until Hiddenbrooke POA has received written notification of its termination in such time and in such manner as to afford Hiddenbrooke POA and OMNI a reasonable opportunity to act on it.

NAME(S): _____

ID NUMBER (Association Account Number): _____ PHONE: _____

DATE: _____ SIGNED X: _____ SIGNED X: _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION. *ACH is/or regularly occurring association assessments. Special assessments, fines, miscellaneous charges, late fees or NSF charges will require a separate check for payment unless otherwise directed.*

Please return to:

OMNI Community Management, LLC
9807 Fair Oaks Blvd, Fair Oaks CA, 95628
(or fax to 916-965-0325)
accounting@omnicomrnunities.com

Staple voided check here

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