

# HIGH TIDE

## ASSOCIATES

Real Estate Services • Brokerage • Regime & Association Property Management

## ATLANTIC POINTE

### AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS) ALL DIRECT DRAFT TRANSFERS WILL BE DRAWN ON OR AROUND THE 10TH OF THE MONTH OF WHICH IT IS DUE.

I (we) hereby authorize High Tide Associates (HTA), hereinafter called **COMPANY**, to initiate debit entries to my (our) checking or savings account 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.

#### Your Banking Information:

Depository Name (Bank Name): \_\_\_\_\_ Branch: \_\_\_\_\_ (Location)

City: \_\_\_\_\_ State: \_\_\_\_\_ Checking Acct.: \_\_\_\_\_ Savings Acct.: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

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.

If you wish to stop direct draft you **must** notify High Tide Associates in **writing**, including the date you would like the services to be discontinued. Your Personal Information: (Please Print)

Account Number: (Example:AP123) : \_\_\_\_\_

Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ day \_\_\_\_\_ evening

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK TO THE BOTTOM OF THIS AUTHORIZATION FORM**