

# HIGH TIDE

## ASSOCIATES

Real Estate Services • Brokerage • Regime & Association Property Management

### FOUNTAIN CENTER HPR

**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: \_\_\_\_\_ Branch: \_\_\_\_\_ (Bank Name)  
(Location) City: \_\_\_\_\_ State: \_\_\_\_\_ Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Checking Account \_\_\_\_\_ Savings Account \_\_\_\_\_

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: ABC1234): \_\_\_\_\_

Name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_ day  
\_\_\_\_\_ evening

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

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

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