

# The Bank Draft

Name of your Association \_\_\_\_\_

Address of pertinent property \_\_\_\_\_

Off site address (if applicable) \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_

Note: Please attach a voided check to this form.

## AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENTS (DEBITS)

AUTHORIZATION TO **PRESTIGE MANAGEMENT GROUP** TO AUTOMATICALLY DEBIT MY

\_\_\_ CHECKING \_\_\_ SAVINGS ACCOUNT \_\_\_\_\_ ( \_\_\_\_\_ )  
Account No. Bank Transit A.B.A. No.

EACH MONTH AT THE \_\_\_\_\_ BRANCH OF \_\_\_\_\_  
Branch Financial Institution

IN \_\_\_\_\_  
City State & Zip

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged against my account. I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 calendar days following the date on which I was sent a statement of account, or written notice of such entry, or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting a credit back to my account.

**THIS AUTHORIZATION IS NONNEGOTIABLE AND NONTRANSFERABLE**

\_\_\_\_\_  
Customer Name Customer I.D. (Social Security) number

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

If you have any questions regarding this form, you may contact Prestige Management Group at 336-378-1778.