

Cancellation of ACH Debit Authorization Agreement

CANCELLATION OF AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)
Association Name _____
Homeowner Account / ID Number _____

I (we) hereby advise _____ to discontinue debit entries to my (our) account for monthly assessments, miscellaneous charges, late fees and other related HOA fees as of June 1, 2007. Indicated below is my (our) signature which will act as your official notification to **terminate** this service.

Name _____

Signature _____ Date _____

Name _____

Signature _____ Date _____