

**ACH PRE-AUTHORIZED DRAFTS
AUTHORIZATION AGREEMENT**

I hereby authorize Carriage Gate Cluster Association, hereinafter called COMPANY, to initiate debit entries or such adjusting entries, either credit or debit which are necessary for corrections, to my
Checking Savings (please check one) account indicated below and the financial institution named below to debit (or credit) the same to such account. For ease of service, please also provide a voided check in order to verify the banking information listed below.

FINANCIAL INSTITUTION NAME **CITY** **STATE**

TRANSIT/ROUTING NUMBER **ACCOUNT NUMBER**

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

NAME **HOUSE NUMBER**

SIGNATURE **DATE**