

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT OF STONEY BROOK
HOMEOWNERS ASSOCIATION MONTHLY DUES**

I hereby authorize STONEY BROOK HOMEOWNERS ASSOCIATION to initiate monthly debit entries to my CHECKING / SAVINGS account (select one) indicated below at the bank named below.

BANK NAME: _____
BRANCH: _____
CITY: _____
STATE: _____
ZIP: _____
ABA # (ROUTING #) _____
ACCOUNT # _____

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

NAME: _____

UNIT #: _____

DATE: _____

SIGNED: _____

SIGNED: _____

ATTACH VOIDED CHECK HERE (REQUIRED)