



Diamond Community Management

Debit Authorization Form

I (we) hereby authorize **CW DIV 12 STEP ASSOCIATION** to Initiate a **Debit** entry to my (our) checking account at the financial institution indicated below. **By signing this form, I (we) authorize adjustments of future Dues/Assessment amount based on the Association's approved Budget and any transactions debited in error (if necessary).** This authority will remain in effect until the company is notified by me (us) in writing to cancel it in such time as to afford the company and financial institution a reasonable opportunity to act on it.

Name of Financial Institution

City, State and Zip Code

Financial Institution Routing/Transit Number

Checking Account Number

(Please attach a voided check)

For Debit Entries: Recurring debit amount of _____\$95.00_____ to be made the 5th of each month. **If the 5th occurs on a weekend, the Debit will happen on the first Banking Day after the weekend.**

Customer Name (Please Print)

Date

Customer Signature

Please be sure to attach a VOIDED check