

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS  
(ACH DEBITS)**

I hereby authorize **GIBSON & ASSOCIATES, LLC, INC.** hereafter called **COMPANY**, to initiate debit entries to my (our)  Checking Account /  Savings Account (select one) indicated below at the depository financial institution named below, hereafter called the **DEPOSITORY**, and to debit the same to such account for the purpose of collecting assessments for my community association. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Routing Number \_\_\_\_\_ (9 Digits) Account Number \_\_\_\_\_

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

Association Name \_\_\_\_\_

Name(s) \_\_\_\_\_ Owner Address \_\_\_\_\_  
(Please Print)

Amount \_\_\_\_\_

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

Month to start automatic withdrawal \_\_\_\_\_

***Withdrawal will come out on/or about the 5<sup>th</sup> of the month.***

**Note: Please attach a VOIDED CHECK for the account that will be debited**

**Return To: GIBSON & ASSOCIATES, LLC  
2754 Electric Road, Suite D  
Roanoke, VA 24018**