Debit Authorization Form

I hereby authorize Phoenix Management on be	ehalf ofVillage Green HOA	to initiate a
debit entry to my checking/savings account at	the Financial Institution indicated below, and	d initiate
adjustments, if necessary, for any transactions	debited in error. This authority will remain in	n effect until
Phoenix Management is notified by me in writi	•	
Management and the Financial Institution a re-	_	
Wanagement and the Financial institution a rec	asonable opportunity to act of it.	
Name of Financial Institution	Location (City, State)	
Name of Financial Institution	Location (City, State)	
Financial Institution's Routing/Transit Numbe	r: ————————————————————————————————————	
(look between symbols "/: /:" on your check)		
Chasking Assount Number		
Checking Account Number:		
And/Or		
Savings Account Number:		
Diagon attack a compact a concelled about our	anacit alia	
Please attach a copy of a cancelled check or de	eposit siip.	
NOTE: If presenting a deposit slip, please verif	fy that the Financial Institution's Routing/Tr	ansit
Number is identical. If not, please provide a ca	-	
Trainber is identical. If not, piedse provide a co	anceica encek and not a acposit sup.	
<u> </u>		
Signature	Date	
Name (Please print)		
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