



**CUMBERLAND HOUSING
GROUP**

**AUTHORIZATION AGREEMENT
FOR
PREAUTHORIZED DEBITS**

I hereby authorize the Cornerstone Homeowner's Association to initiate debits for account balances due for homeowner _____ from the checking/savings account indicated below. If an error occurs in the transaction amount, I hereby authorize _____ to initiate a correcting transaction to/from the checking/savings account indicated below.

Please Print or Type

Financial Institution Name: _____

Branch Location Name: _____

City: _____ State: _____ Zip: _____

Transit/ABA Number: _____

Account Number: _____

Type of Account: Checking: _____ Savings: _____

Name(s) on Account: _____

Address: _____

Date: _____ Account Holder Signature: _____

Date: _____ Financial Institution Signature: _____

NOTE: please attach a voided check to this form. Deposit slips WILL NOT be accepted. If the tenant does not have a voided check, then they must have this form completed by the financial institution.