



AUTHORIZATION AGREEMENT FOR AUTOMATIC ACH DEPOSITS/ACH CREDITS/DEBITS

Name of Association/Community: **Litchfield-By-The-Sea Community Association, Inc.**

Association/Community Account Number: **LBTS** _____

Name on Account: _____

Association/Community Address: _____

I/We hereby authorize Litchfield-By-The-Sea Community Association, Inc. hereafter called LBTS, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my/our (circle one) Checking / Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Bank Name: _____

Bank Routing Number: _____ (9 digits)

Bank Account Number: _____

**We cannot accept responsibility for inaccurate information if results in late or returned payment fees.*

This authority is to remain in full force 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.

ACH debits will be processed on the 4th of each month or the next business day if the 4th should fall on the weekend or banking holiday.

Your account must have a zero balance to qualify for this service and must not fall into arrears.

If payments are returned as unpaid, you will be removed from the ACH program.

Your ACH will go into effect on the first day of the month following submission IF IT IS RECEIVED BY THE 15th DAY OF THE PRIOR MONTH (for example, submit the form before February 15th for the March payment to be deducted by ACH.

NAME (Please Print) _____

DATE ____/____/____

SIGNED _____ (must be signed or will not be processed)

Please attach a voided check or a letter from your bank to expedite your request. Return complete forms to:

Litchfield-By-The-Sea
49 Wall St.
Pawleys Island, SC 29585

