

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH DEBITS)

PLEASE PRINT CLEARLY and FILL OUT COMPLETELY

Name Of your Association: _____

Address of Home: _____ Unit # _____

I (we) hereby authorize _____ (name of Association), hereinafter called COMPANY, to initiate debit entries to my (our)

Checking Account / Savings Account (**select one**) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Your Depository Bank

Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

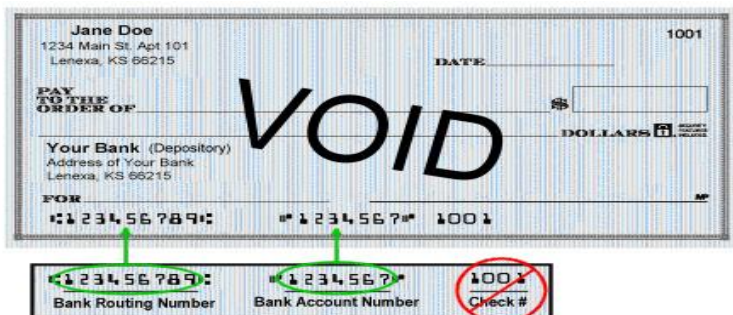
This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____
(Please Print)

Date: _____ Signature: _____

NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

SAMPLE CHECK:



RETURN THIS ENTIRE FORM WITH A **VOIDED CHECK** FROM THE ACCOUNT YOU WANT FUNDS DRAWN AGAINST, TO:

AMBASSADOR COMMUNITY MANAGEMENT
7100 WEST COMMERCIAL BLVD.
SUITE 107
LAUDERHILL, FL 33319

REQUESTS FOR AUTOMATIC WITHDRAWAL MUST BE RECEIVED BY THE 25TH OF THE MONTH FOR ACTIVATION IN THE FOLLOWING MONTH.

EXAMPLE: REQUESTS RECEIVED BY DECEMBER 25TH WILL HAVE MONEY WITHDRAWN ON JANUARY 1ST. REQUESTS RECEIVED AFTER DECEMBER 25TH WILL HAVE FUNDS DRAWN ON FEBRUARY 1ST, ETC.