Direct Debit Payment Authorization Form

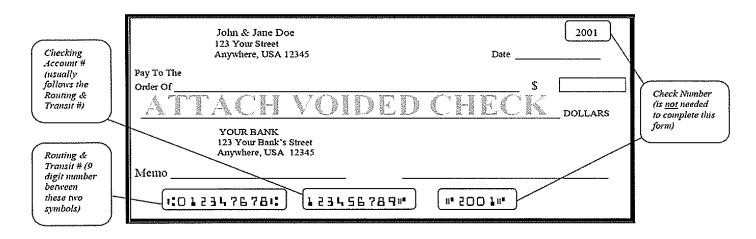
Company Name: Gander Lake Homeowners Association Inc___

I hereby authorize __ Gander Lake Homeowners Association Inc._ (Company) to initiate debit entries to my account with the financial institution indicated below. This authorization is to remain in full force and effect until Company above has received written notification from me of its termination; at such time and in such manner as to afford Company above and the financial institution no later than 15 days before the next transaction effective date to act on my request.

Customer Name		Customer #	
	Please Print		(Street address)
Customer Signature		Date	
L			
Bank Account Information			
Depository Bank Name		() Checking () Savings	
City	State _NC 2	Zip	
Routing/Transit Number	Acc	count Number	

NOTE: IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN AUTHORIZATIONS <u>MUST</u>
BE REVOKED ONLY BY NOTIFYING THE ORIGINATOR (COMPANY) IN WRITING NO LATER
THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE.

PLEASE ATTACH A VOIDED CHECK PER ACCOUNT TO THIS FORM.



^{*}This form is intended for one banking institution. For multiple banking institutions, please complete a different form for each institution.