

## Direct Payment Authorization Agreement For Automatic Withdrawal

I (we) hereby authorize The Forest Association at Swan Lake Village, LTD., herein after called "THE FOREST", to initiate debit entries to my account indicated below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U. S. law.

Financial Institution Name: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Type Of Account (Circle One):            Checking            Savings

In the initial amount of \$ \_\_\_\_\_ , beginning \_\_\_\_\_ and monthly thereafter on the 1st banking day of each month.

This authorization is to remain in full force and effect until the "THE FOREST" has received written notification from me (or either of us) of its terminations in such time and in such manner (at least 14 days) as to afford "THE FOREST" and the Financial Institution a reasonable opportunity to act on it.

Unit #: \_\_\_\_\_ Email: \_\_\_\_\_

Name(S): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone No: \_\_\_\_\_

In the initial amount of \$ \_\_\_\_\_ , beginning \_\_\_\_\_ and monthly thereafter on the 1st banking day of each month.

Please attach voided check to this form.

Send to:  
The Forest Association, Ltd.  
PO Box 73  
Portage, WI 53901