

*This application and appropriate copies must be received by the first (1<sup>st</sup>) of the month in which you wish **DIRECT DRAFT** to begin.*

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS  
(ACH DEBITS)**

**This is for Heritage at New Riverside payments only**

I (WE) hereby authorize Superior Management Services, LLC., agent for **Heritage at New Riverside HOA** herein after called **COMPANY**, to initiate debit entries and/or correction entries to our (**check one**): *The funds must be drawn on a United States bank.*

**D** Checking Account

**D** Savings account

ALL **DIRECT DRAFT** TRANSFERS WILL BE DRAWN ON OR ABOUT THE **5TH** OF EACH MONTH.

Bank / Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City, State \_\_\_\_\_ Bank Transit / ABA Number \_\_\_\_\_

Begin Direct Draft (Month/Year) / \_\_\_\_\_ Bank Account Number \_\_\_\_\_

This authorization 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** reasonable opportunity to act upon it.

**If you wish to stop direct draft you must notify Superior Management Services, LLC. in writing, including the date you would like services to be discontinued.**

**NAME (S)** *Please Print*

\_\_\_\_\_ **Property Address** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **(day)** \_\_\_\_\_ **(evening)**

Please attach a **VOIDED** check from the account you wish to be drafted and forward to Superior Mgt. Svcs. You may also return this form and a copy of your voided check by fax at 843-996-1397 or email [thelma@superiormanagementsc.com](mailto:thelma@superiormanagementsc.com)

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