

## AUTOMATIC DEBIT AUTHORIZATION FORM

I (We) hereby authorize Home-Land Neighborhood Management, LLC, as agent for Avalon Homeowners Association, hereinafter called HLMN, to initiate ACH debits from my/our (select one)  checking  savings account indicated below at the Depository Financial Institution named below, hereinafter called DEPOSITORY, and to debit the same to such account on a (select one) \_\_\_ annual (\$210) \_\_\_ quarterly (\$52.50) or \_\_\_ semi-annual (\$105) basis for Avalon Homeowners Association assessments.

DEPOSITORY \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

**Please attach a voided check for a checking account, or a deposit slip for a savings account.**

This authorization is to remain in full force and effect until HLMN has received written notice from me (or either of us) of its termination in such time and in such manner as to afford HLMN and DEPOSITORY a reasonable opportunity to act on it, at which time it will be void and no longer effective.

NAME(S) \_\_\_\_\_

Please Print

ADDRESS \_\_\_\_\_ CITY BRANDON ZIP 39047

WORK PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ACCOUNT HOLDER(S)

SIGN HERE: \_\_\_\_\_ SIGN HERE: \_\_\_\_\_

DATE \_\_\_\_\_

**PLEASE NOTIFY US OF ANY CHANGE TO THE INFORMATION ON THIS FORM**

**RETURN FORM TO: HOME-LAND NEIGHBORHOOD MGT.  
P.O. BOX 320248  
FLOWOOD, MS 39232  
ATTN: MICHELE HARRIS, CPA**

**QUESTIONS- CALL 601-326-7325**