



**WHITING VILLAGE COMMUNITY ASSOCIATION**  
 ONE FALMOUTH AVENUE  
 WHITING, NEW JERSEY 08759

PHONE: 732-350-2882  
 FAX: 732-350-4680

I (we) hereby authorize Crestwood Village 7 to initiate debit entries to my (our) account indicated below at the depository financial institution named below, hereafter 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 provision of U.S. law. Accounts will be charged on the first of every month. (Unless the 1<sup>st</sup> falls on a weekend, it will be the following business day). Automated payments will be deducted from your bank account between the 3<sup>rd</sup> and 5<sup>th</sup> day of the charge.

DEPOSITORY (BANK) \_\_\_\_\_

BRANCH \_\_\_\_\_ STATE \_\_\_\_\_

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

ACH START DATE \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK**

This authorization is to remain in full force and effect until Crestwood Village 7 has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Crestwood and Depository a reasonable time to act on it.

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

ADDRESS \_\_\_\_\_

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

EMAIL ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_