ACH AUTHORIZATION

to

SOMA DEVELOPMENT HOMEOWNERS ASSOCIATION, INC.

entries and to initiate, if necessary credit entries and adjustments for any debit e error to my () Checking () Savings account (select one) indicated below.	
Name:	
Bank Name:	
Account Number:	
Transit/ABA Number:	
This authority is to remain in full force and effect until SoMa Development Hor Association, Inc. has received written notification from me 30 days prior to its termination in such time and in such manner as to afford SoMa Development Homeowners Association, Inc. reasonable opportunity to act on it.	meowners
Date:	
Signature:	
PLEASE ATTACH A "VOIDED" CHECK FOR VERIFICATI YOUR ACCOUNT INFORMATION.	ON OF
Affix Check Here	