

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS  
(ACH DEBITS)**

Owner's Name \_\_\_\_\_ Bldg. No. \_\_\_\_\_  
Unit No. \_\_\_\_\_

I (we) hereby authorize The ALCOR Group, L.L.C.,

hereinafter called COMPANY, to initiate debit entries to my (our)  Checking  Savings

account (select one) indicated below, and the depository named below, hereinafter called

DEPOSITORY, to debit the same to such account.

Name on Account \_\_\_\_\_ Name of Bank \_\_\_\_\_

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

This authority is to remain in full force and effect 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 a reasonable opportunity to act on it.

NAME(S) \_\_\_\_\_  
(Please Print)

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Owner Contact Information:**

e-mail: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_