

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

ALCOR Office: 504-887-2800 - Fax: 504-889-1300

e-mail: tina@alcorgroup.com or al@alcorgroup.com

Owner's Name

Street Address _____, City _____, State _____ Zip _____

I (we) hereby authorize The **ALCOR** Group, L.L.C., hereinafter called COMPANY, to initiate a debit entry/draft to my (our) _____ Checking _____ Savings account (select one) indicated below, and the depository named below, hereinafter called DEPOSITORY, to debit the same from said account.

Name on Account _____ Name of Bank _____
Routing Number _____ Account Number _____

Authorized amount of draft

Current Annual CCE HOA Fee of \$150.00.
and/or
Addition previous balance, if any, in the amount of \$ _____

Said authorization shall remain in force until said draft is completed by the COMPANY or until such time this authorization is cancelled by me via written notification to said COMPANY with a reasonable opportunity to act on it.

NAME(S) _____
(Please Print)

DATE _____ SIGNED _____

Additional Note, if any:

Owner Contact Information:

e-mail:

Home:

Work:

Cell:

Fax: