

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

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

e-mail: 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 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 _____

Routing Number _____ Account 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: The herein agreed to authorization is for the annual Association fees at **Country Cottage Estate Homeowners' Association, Inc.** currently in the amount of \$100.00 per year.

Owner Contact Information:

e-mail: _____

Home: _____

Work: _____

Cell: _____