

Electronic Debit authorization

Please fill out and return with a *voided check* from your checkbook.

I authorize you and the financial institution listed below to initiate electronic entry from my:

Checking Account

Savings Account

Please check one. This authority will remain in effect until I have canceled it in writing.

The deduction will occur on the 9th day of the month (approximately) for your monthly special restriction fee of \$80.00.

The authorization is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Jackson Hole Community Housing Trust

Company Name

Financial Institution

Name (Please Print)

City/State

Signature

Account Number

Date

Routing and Transit Number

I understand the company will notify me in writing 10 days prior to any transaction that exceeds the agreed upon amount of \$80.00 by more than \$_____

_____ I understand that the above organization may initiate a reversal of any entry made under this agreement if an error has been made. I understand that the financial institution at which I have the above account is required to provide to me the procedures for resolving errors on entries made under this agreement. I understand that the organization will provide a written notice to me of the error within 24 hours.

Attach Voided Check Here