



For ACH Debits:

Please Provide All Required Information Listed Below

Financial Institution Name: _____

Address of Financial Institution:
(Branch, City, State & Zip Code) _____

Account Number: _____

ABA/Routing Number: _____

Account Type: Checking Savings

Amount: _____

I hereby certify that I am a duly authorizing account holder fully empowered to legally bind the above-referenced bank account. By signing as the account holder, I hereby authorize Fortune House Condominium Association, Inc. to initiate ACH debit entries to the financial account listed above in the total amount of the deposit specified within this document.

AUTHORIZING ACCOUNT HOLDER TO WHOM INQUIRIES CONCERNING ACH TRANSFERS ARE TO BE DIRECTED:

Name: _____ Unit # _____

Address: _____

Home Number: (____) _____ Cell Number: (____) _____

E-mail Address: _____

Signature: _____ Date: _____

SECURITY DEPOSIT