DEBIT AUTHORIZATION FORM:

I (we) hereby authorize **GATLING POINTE COMMUNITY ASSOCIATION** or its agent to initiate debit entries to my checking/savings account(s) at the financial institution listed below and if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until **GATLING POINTE COMMUNITY ASSOCIATION** is notified by me (us) **in writing** to cancel it in such time as to afford **GATLING POINTE COMMUNITY ASSOCIATION** and the Financial Institution a reasonable opportunity to act on it.

| I acknowledge my right to rec fee debit entry in any amount. | • | any debit entry which | varies from the | e approved monthly association |
|---|---|--|-----------------|---|
| (Name of Financial Institut | ion) | | | |
| (Address of Financial Instit | ution – Branch, City, S | State, & Zip) | | |
| (Signature(s)) | | | (Date) | |
| (Name – Please Print) | | | | |
| (Mailing Address – Please | Print) | | | |
| (Unit Street Address – Plea | ase Print) | | | |
| COMMUNITY ASSOCIATION b | y the 20th of the cu | irrent month. Each pa | ayment thereaft | is received by GATLING POINTE ter will occur on the 2 nd day of ent is drafted the first business |
| Circle One: CHECKING | or SAVINGS | | | |
| Checking/Savings Account Nur | nber (Second Set of N | lumbers): | | |
| Financial Institution Routing N | umber (First Set of Nเ | umbers): | | |
| | ** PLEASE A | TTACH A VOIDED | CHECK ** | |
| Return form to: | GATLING POINTE COMMUNITY ASSOCIATION Attn: Alisha Roberson 525 S. Independence Blvd., Ste. 200 Virginia Beach, VA 23452 | | | |
| Xxxxxxxxxxxxxxxxxxxxxxxxx | | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | xxxxxxxxxxxxx | xxxxxxxxxxxxxxxxxxxxxxxx |
| Association Number: | | Customer Nu | ımber: | |
| Received:/ Ent | ered: <u>/ /</u> | Entered By: _ | | |
| Amount: \$ | | | | |