

# DIRECT DEBIT AUTHORIZATION

Please print this form. Fill it out, attach a voided check, and mail to

SRA  
5787 SEMIAHMOO DRIVE  
BLAINE, WA 98230

I (we)

\_\_\_\_\_  
Name (as on the account)

\_\_\_\_\_  
Address (as on the account)

\_\_\_\_\_  
Name (as on the account)

\_\_\_\_\_  
Address (as on the account)

authorize the **Semiahmoo Resort Association**,\* hereafter called **SRA**, and the financial institution listed below to transfer (debit) money from my (our)  checking or  savings or  share drafts account and remit payment for my (our) dues. \* Doing business as the Semiahmoo Residents Association.

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Bank Routing Number

\_\_\_\_\_  
Bank Account Number

This authorization will remain in full force and effect until the SRA has received written or email notification from me (or either of us) of its termination in such time and in such manner as to afford the SRA and my financial institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature for Authorization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature for Authorization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Lot/Unit Number

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Email address

**Please Enclose a VOIDED check**

Bank Name	Check Number
Your Name Your Address Your City, State, Zip	1234
Your Bank Name Bank City, State	
⑆123456780⑆ 10001234567 1234	
⑆ Digit Routing Number	Your Account Number