

DIRECT DEBIT AUTHORIZATION

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

Semiahmoo Resort Association
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.

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	
⑆ 1234 56780 ⑆ 110001234567 1234	
9 Digit Routing Number	Your Account Number