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"Enhancing a quality lifestyle"

ACH AUTHORIZATION AGREEMENT FOR CLIENTS OF ROYAL PALMS * Please complete and return to our office with a voided check*

| Name | Royal Palms Customer Account # (Internal Use Only) |
|--|---|
| Credit entries and/or corrective entries to my (our) \square Checinstitution named below, herein called DEPOSITORY, to | e & RV Community, LTD, herein after called COMPANY, to initiate king, Savings account (select one) indicated below at the depository of Credit the above referenced account. I (We) acknowledge that the treatment of Comply with the provisions of United States of America law. |
| Depository Name (Bank) | Branch |
| City | State |
| Bank Transit / ABA (Routing) Number | Account Number |
| | ANY has received written notification from me (or either of us) of its ompany AND depository REASONABLE OPPORTUNITY TO ACT a each check payment. |
| Name | Co-Account Holder |
| Signature | Signature |
| Date | Date |

Please attach copy of voided check (no deposit tickets) below