



Burke Centre Conservancy

Authorization Agreement for Preauthorized Payments (ACH Debits)

Home Owner (HO) Name: _____

E-mail: _____

I (we) hereby authorize The Burke Centre Conservancy, hereinafter called the Company, to initiate debit entries to my (our) checking account indicated below at the depository named below, hereinafter called Depository, to debit the same to such account. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account No. _____

This authorization is to remain in full force and effect until Company has received written notification from me (us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act upon it.

Name(s) _____

HO Account #: _____

Please print

Date _____ Signed x _____

Signed x _____

Please attach a copy of a "VOID" check to this authorization. (Note: this form cannot be processed without a voided check attached.)

Return this signed document and your "void" check to:

Karen Frank, Finance Administrator
The Burke Centre Conservancy
6060 Burke Center Parkway
Burke, VA 22015-3702