AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFTS (ACH DEBITS)

Checking Account or Savings Account (select or named below, hereinafter called "Depository," and to del assessments for my community association. I understand	reinafter called "Company," to initiate debit entries to my ne) indicated below at the depository financial institution bit the same to such account for the purpose of collecting that this debit will occur on or about the 5th of the month are due. I acknowledge that the origination of ACH ns of United States law.
☐Add Automatic Draft or ☐ Change Existing Draft	
Bank/Depository Name:	_
Routing number (9 digits):	Bank account number:
	l Company has received written notification from me of its l Company and Depository a reasonable opportunity to act
Neighborhood name	
Property address	
Name:(Please print)	
Month to begin draft:	
Note: Drafts will always occur on the 5th of the billing pe	riod or the following business day.
Year to begin draft: 20	
Signature:	Date:
Contact Phase #	Email.

NOTE: VOIDED CHECK MUST BE ATTACHED TO PROCESS THIS FORM

PLEASE RETURN FORM AND VOIDED CHECK TO:

Paragon Management Group, Inc. 845 Bell Road, Suite 210 Antioch, TN 37013