

**AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENT
PARK FOREST COOPERATIVE IV AREA E**

I, _____, authorize Park Forest Cooperative IV Area E (COOPERATIVE) to initiate credit or debit entries to my checking account at the financial institution named below (INSTITUTION, and authorize INSTITUTION to credit or debit same to such account.

Please fill in the information requested below:

BANK NAME: _____
(INSTITUTION)

CITY: _____

STATE/ZIP: _____

ROUTING NUMBER: _____

(This number is located on the bottom of your checks on the left-hand side. Please staple a voided check to this form)

ACCOUNT NUMBER: _____

This authority is to remain in full force and effect until COOPERATIVE and INSTITUTION have received written notification from me of its termination in such time and in such manner as to afford COOPERATIVE and INSTITUTION a reasonable opportunity to act on it.

Please note, if joint bank account, both parties must sign this agreement.

DATE _____

SIGNATURE: (1) X _____

(2) X _____

PRINTED NAME: (1) X _____

(2) X _____

ADDRESS: X _____