

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS
(ACH DEBITS)
COMMUNITY PARTNERS OF VIRGINIA, INC.**

I (we) hereby authorize, to initiate debit entries, and if necessary, credit entries and adjustments for debit entries in error, to my (our): _____Checking _____Savings account and financial institution as provided on the enclosed voided check.

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **Company** and **Financial Institution** named below a reasonable opportunity to act on it.

COMMUNITY NAME: _____

PROPERTY ADDRESS: _____

OWNER NAME(S): _____
Please Print

DATE: _____

SIGNED: _____

*SIGNED: _____

*Two signatures required for accounts in joint names.

**You must attach a voided check for the account from which you wish your
automatic payments to be made.**

**Mail to:
Accounting Department
Community Partners of Virginia, Inc.
P.O. Box 35021
Richmond, VA 23235**

FOR OFFICE USE ONLY

FINANCIAL INSTITUTION: _____

BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____