

**WALNUT CREEK SOUTH HOMES ASSOCIATION CONSUMER  
AUTHORIZATION FOR AUTOMATED DEBIT ENTRIES**

I (we) hereby authorize WALNUT CREEK SOUTH HOMES ASSOCIATION, hereinafter called WCSHA, to initiate debit entries and to initiate, if necessary, credit entries and adjustment for any debit entry in error to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until WCSHA has received written notification from me (or either of us) of its termination in such time and in such manner as to afford WCSHA and DEPOSITORY a reasonable opportunity to act on it. WCSHA may at any time terminate this agreement with 15 days written notice.

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WCSHA ID No. Start Date

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Name (Print) Financial Institution

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Address (Street, City, State & Zip Code) Financial Institution Address(Street, City, State & Zip code)

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Home Phone Work Phone

**Your ACH debit will be withdrawn  
from the designated bank account  
on the 8th day of each month.**

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Signature

**CHECK ONE**

I am not currently participating in the Direct Debit Program  
\_\_\_\_\_ ADD - Debit my Homeowners Dues to the account shown\*

I am currently participating in the Direct Debit Program  
\_\_\_\_\_ CHANGE - Change financial institutions and/or account number\*

\_\_\_\_\_ CANCEL - Stop my participation in the program.

\*Due to the time required for WCSHA and Bank processing, please allow one month for processing.

**IMPORTANT (Copy of check (void) with account number must accompany this form)**

**copy of voided check to be attached here**