



## AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBIT)

I (we) authorize Silverleaf Management Group, LLC (“COMPANY”) to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

**Association Name:**

\_\_\_\_\_

**Unit Number / Address:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Checking Account                      \_\_\_\_\_ Savings Account

*Select one at the depository financial institution named below (“DEPOSITORY”).*

I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

**Bank Name** \_\_\_\_\_

**Routing Number** \_\_\_\_\_

**Account Number** \_\_\_\_\_

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing at 3755 Harrison Road, Suite 100, Loganville, GA 30052 that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least two weeks prior notice in order to cancel this authorization.

**Name(s)** \_\_\_\_\_  
*(Please Print)*

**Signature(s)** \_\_\_\_\_

**Date** \_\_\_\_\_