

Bullrun Townhouse Association

Authorization for Direct Payment (For Year 2024)

I authorize Bullrun Townhouse Association to initiate electronic debit entries to my checking account or savings account for the amounts listed below. I understand I will receive a notice if the amount changes at the annual meeting. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it 30 days in advance in writing.

Today's Date:			
Your Name:			
Your Street # And Your	Jnit #		
Your Phone #: ()			
Your Email Address:			
Financial Institution Name (please p	rint)		
Account Number:			
Routing Number:			
* Check all that apply Regular Homeowner Dues: - includes monthly dues (\$367.75) and RV Lot Fees: Parking Permit Fees:	\$ 382.75 City of Gr \$ 25.00 \$ 25.00	resham w	ater tax (\$15.00) Monthly
Other: (please describe)	\$	[]	As Needed
Total Amount to be debited from my a			
Debit on the $5^{\rm th}$ or $15^{\rm th}$ of the month?	5 th	15 th	(circle one)
Your Signature:			
John Doe 123 Shady Lane Yourtown, AA12345 Inv To THE GREEGE	D s	148	

Routing Number 241022233 Number (9 digits: begins w/ o1-12 or 21-32) Please keep a copy of this Authorization for your records.

Check Number 2048

: 241022233 ::333962222 •2048