

**HERITAGE MANAGEMENT  
DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

I (we) hereby authorize Heritage Management to initiate debit/credit entries to my (our) Checking/Savings Account (select one) indicated below at the depository financial institution named below and to debit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. Law.

Check one: Checking Account \_\_\_\_\_ Savings Account: \_\_\_\_\_

Monthly Common Charge Amount: \$ \_\_\_\_\_

**Checking/Savings Account Information:**

Bank Name: \_\_\_\_\_

Routing No.: \_\_\_\_\_ (9 digits)

Account No.: \_\_\_\_\_

This authorization is to remain in full force and effect until Heritage Management has received written notification from me of its termination in such time as to afford reasonable opportunity to act on it. I can stop payment of an entry 5 days before my account is charged.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_

**TR**

**PLEASE ATTACH COPY OF VOIDED BANK  
CHECK HERE**

Direct Debit will be processed on or about the 5<sup>th</sup> of each month. Please allow 5 days upon receipt of this form for Direct Debit to commence.

(Please return in enclosed envelope)