



Direct Debit – Authorization Agreement

These payments will automatically withdraw from your bank account on/around the 1st day of each month (to allow for weekends/holidays, etc)

There is an additional 1% convenience fee added to each payment (this is a bank fee, not an ADSCOA fee)

Company Information:

Alte Deutsche Stadt Condominium Owner's Association, Inc. (ADSCOA, Inc.)
PO Box 321
Haubstadt, IN 47639

Member Information:

Name (please print): _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Financial Institution: _____

Routing and Account Numbers Must Be Clear and Legible:

Routing Number (9 digits): _____

Account Number: _____

Type of Account: Checking Savings

I hereby authorize ADSCOA, Inc. to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries made in error to my account.

This authority is to remain in full force and effect until ADSCOA, Inc. has received written notification from me of its termination.

Customer Signature: _____ Date: _____

***A VOIDED CHECK OR A LETTER ON LETTERHEAD FROM YOUR FINANACIAL INSTITUTION
VERIFYING ACCOUNT NUMBER AND ROUTING NUMBER IS REQUIRED***