

Whitney Highlands Homeowners Association, Inc.  
c/o Crofton Perdue Associates, Inc.

**Direct Debit Agreement Form**

**Authorization Agreement**

I hereby authorize Crofton Perdue Associates, Inc. to initiate debit entries to the undersigned account at the financial institution named below.

Crofton Perdue Associates, Inc., association management, has the authorization to make electronic transactions from originating financial institutions to receiving financial institution for routing numbers, account numbers, codes, or transaction amounts. This agreement will remain in effect until Crofton Perdue Associates, Inc. receives a written notice of cancellation from the undersigned, in such a manner as to afford Crofton Perdue Associates, Inc. and depository a reasonable opportunity on which to act.

This debit entry will be made between the 4<sup>th</sup> and the 6<sup>th</sup> of each month commencing with:

Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Homeowner Information**

Homeowner Name: \_\_\_\_\_

Address at Whitney Highlands: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Account Information**

☐ Checking | ☐ Savings

☐ New Sign Up? | ☐ Update

**Please attach a voided check or direct debit authorization form from your bank and return to:**

Crofton Perdue Associates, Inc.  
111 Marsh Road, Suite 1  
Pittsford, NY 14534

**If the required documentation is not attached,  
this form will be returned and not processed.**

Phone: 585.248.3840 | Fax: 585.248.3666 | Email: info@croftoninc.com

**Signature**

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

**For Office Use Only**

Receive Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ Unit: \_\_\_\_\_

Set Up Date: \_\_\_\_\_ Start Amount: \_\_\_\_\_ Stop Date: \_\_\_\_\_