Dear Proud Ground Homeowner:

Thanks for your interest in automatic payments! Enclosed is the form to complete in order to start the automatic payments. This service will automatically withdraw money from your bank account on roughly the same day each month, which would be applied to your current month’s fees. If you start using the automatic payment program, I will no longer send monthly statements.

Proud Ground will withdraw funds between the fifth and the seventh day of each month. You may choose to have the money withdrawn from either a checking or a savings account, but only one account per household.

A couple of things to know about this service:

1. Just like a bounced check, if a withdrawal is rejected due to insufficient funds, our bank will charge Proud Ground a $35 fee. That bank fee and your original monthly payment will then need to be paid by you by check, money order or cash. We cannot try the withdrawal again, nor alter the amount to reflect the one-time bank fee.

2. You can change your bank account or leave this program at any time, but you must do so in writing, with a verifiable signature at least 5 days before the fee is scheduled to be withdrawn.

If you have any questions, please feel free to contact me, either by phone (503.493.0293 x 17) or by e-mail (dianne@proudground.org).

Sincerely,

Dianne Topp
Fiscal Manager
# Authorization Form
## For Direct Payments (ACH Debits)

**Proud Ground**

<table>
<thead>
<tr>
<th>FOR OFFICE USE ONLY</th>
<th>CUSTOMER #</th>
<th>DATE</th>
</tr>
</thead>
</table>

Effective date of authorization: ______________________

**Type of Authorization**

- [ ] New Authorization
- [ ] Change payment amount
- [ ] Change payment date
- [ ] Change banking information
- [ ] Discontinue electronic payment

**Last Name**

**First Name**

**Address**

**City**

**State**

**Zip**

Please debit payments from my (check one):

- [ ] Checking Account (attach a voided check below)
- [ ] Savings Account (contact your financial institution for Routing #)

Routing Number: _______________________________

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _______________________________

AGREEMENT

I authorize the above company to process variable debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _______________________________

Date: ______________________

*Please attach voided check here.*