

ACH ORIGINATION FORM
YOU MUST ATTACH A VOIDED CHECK OR A COPY OF A CHECK

I authorize Neighborhood Services Corporation to initiate entries to my checking/savings account as directed below. This authority will remain in effect until I notify NSC in writing to cancel it in such time as to afford NSC a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account(s) is charged for a normal stop payment fee. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my bank statement or 60 days after posting.

ACCOUNT TO BE CREDITED
ALL ACCOUNTS WILL BE DRAFTED ON THE 10TH OF THE MONTH

NAME: _____

ADDRESS: _____

NAME OF ASSOCIATION: Historical Neighborhoods Security Association (HNSA)

ACCOUNT NO: _____ CHECKING _____ SAVINGS

ROUTING NUMBER: _____

FINANCIAL INSTITUTION NAME: _____

DESCRIPTION OF ENTRY

AMOUNT: _____

MONTH DRAFTS COMMENCE: _____
(NSC must receive this form at least 10 days prior to the date of first draft)

FREQUENCY: _____ monthly (all accounts are drafted on the 10th day of the month)

CUSTOMER SIGNATURE

DATE

For company Use: Processed: _____ Date: _____