



**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

I (we) hereby authorize Country Lots, LLC., hereinafter called "Company", to initiate debit entries to my (our) ___ Checking Account or ___ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called "Depository", and to debit the same to such account (\$_____) for the purpose of collecting assessment for my monthly payments. I (we) understand that this debit will occur on or about the ___ first or ___ fifteenth (select the one that corresponds with your contract) of each month. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number (9 digits): _____ Acct No. _____

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time, and in such manner, as to afford Company and Depository a reasonable opportunity to act on it.

Name(s): _____
(Please print) (Please print)

Signature(s): _____

Date: _____

Note: Attach a voided check for the account that will be debited