



ORONOQUE VILLAGE CONDOMINIUM ASSOCIATION
ORONOQUE VILLAGE TAX DISTRICT
 600 North Trail Stratford, CT 06614
 (203) 377-5313 Fax (203) 380-6156

AUTHORIZATION AGREEMENT FOR E-Z PAYMENTS (ACH DEBITS)

We are pleased to offer you a new service – the E-Z Pay Plan. Now you can have your payment deducted automatically from your checking or savings account. And you won't have to change your present banking relationship to take advantage of this service.

HERE'S HOW THE E-Z PAY PLAN WORKS:

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the specified day. And proof of payment will appear on your statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least ten days before payment date. The E-Z Pay Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

ALL YOU NEED TO DO IS:

- Circle the type of account your payment will be deducted from – your checking or savings account.
- Fill in your name, financial institution name and branch address. If you use a savings account, call your branch to get correct ACH routing number
- **ENCLOSE A VOIDED CHECK** for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.
- **BE SURE TO SIGN THE FORM AND KEEP A COPY FOR YOUR RECORDS!**

I (we) hereby authorize **Oronoque Village Condominium Association (OVCA)** to initiate debit entries to my (our) (CIRCLE ONE) checking account or savings account at the depository financial institution named below, for my monthly assessment charges on the fifth (1st) day of the month for each month of the year. **Please note there is a \$2.00 processing fee per transaction.**

Depository Name (Bank): _____ Branch Address: _____
 Routing Number: _____ Account Number: _____

SIGNATURE: _____

I (we) hereby authorize **Oronoque Village Tax District (OVTD)** to initiate debit entries to my (our) (CIRCLE ONE) checking account or savings account at the depository financial institution named below, for my quarterly district tax payment on the fifth (1st) day of July, October, January and April. **Please note there is a \$2.00 processing fee per transaction.**

Depository Name (Bank): _____ Branch Address: _____
 Routing Number: _____ Account Number: _____

SIGNATURE: _____

This authorization is to remain in full force and effect until OVCA or OVTD has received WRITTEN NOTIFICATION from any of the above persons above of its termination in such time and in such manner as to afford OVCA or OVTD and depository institution a reasonable opportunity to act on it.

Unit Owners Name(s): _____

Unit Address: _____ Stratford, CT 06614

Telephone Number: _____ E-mail Address: _____