

Recurring ACH Credits Authorization Form

This is permission for recurring credits. As an authorized signor on the Depository Account presented, by completing and signing this form you give Dowgal, LLC dba Dowgal Community Association Services (DCAS) permission to pay/credit your account for the amount indicated on or after the indicated date. This authorization is to remain in full force and effect until DCAS has received written notification from me of its termination. **

[as an authorized signor of	to pay/credit m
	(Amount) on or after (Date) (Date)	
illing Address		
	110000#	
City, State, Zip		
City, State, Zip	Email Monthly Annual basis, Checking Checking	
City, State, Zip Frequency: 🗌 Weekly	Email	_ Number of Payments

and only for the occurrences indicated. I certify that I am an authorized signor on this Depository Account.

SIGNATURE _____

DATE	

**I,

______hereby **Revoke my Authorization** for the payments/credits to the account. I understand that my right to place a stop payment exists only as long as I request and deliver this written stop payment notice at least three days prior to the scheduled settlement date.