

**COPPER MEADOWS
HOMEOWNERS ASSOCIATION, INC.**

P.O. Box 613
Youngsville, Louisiana 70592
www.coppermeadowsonline.com

Authorization for Electronic Transactions

I authorize Community First Bank, and the Financial Institution named below to initiate debit/credit entries to my checking/savings accounts on the 5th of each month. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop the payment of any entry by notifying my financial institution 3 (three) days prior to effective date. I can have the amount of an erroneous charge immediately credited to my account up to 15 (fifteen) days following issuance of my financial institution statement or 60 (sixty) days after posting whichever occurs first.

Financial Institution

Financial Institution Address, City, State Zip

Name on Account

Authorized Signature/SSN/TIN

Checking Account Number

Savings Account Number

Financial Institution ABA (9 digits)

Request to cancel must be in writing allowing at least 10 days prior to next transaction.

PLEASE ATTACH VOIDED CHECK HERE