



Ravenel Associates, Inc.

AUTHORIZATION AGREEMENT FOR AUTOMATIC ACH DEPOSITS/ACH CREDITS/DEBITS

Name of Association: _____

Association Account Number: _____

Name on Account: _____

Association Address: _____

I/We hereby authorize Ravenel Associates, Inc., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my/our (select one) ___ Checking ___ Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

This authority is to remain in full force 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.

*ACH debits will be processed between the 1st and 5th of the month

*Your account must have a zero balance to qualify for this service.

*Your ACH will go into effect immediately.

NAME _____
(Please Print)

DATE _____ SIGNED X _____

Please attach a voided check or a letter from your bank to expedite your request.

**Return complete forms to: accounting@ravenelassociates.com
or**

**Return complete forms to:
Ravenel Associates, Inc.
960 Morrison Drive, Suite 100
Charleston, SC 29403**