



Automated Debit Authorization  
Agreement for Prearranged  
Payments (Debits)

This is my authorization to Center City Green Development of Charlotte, NC to automatically debit my \_\_\_\_checking \_\_\_\_ savings account.

(\_\_\_\_\_ ) \_\_\_\_\_ at \_\_\_\_\_ in  
Bank Transit/ABA #      Account #      Financial Institution

\_\_\_\_\_, \_\_\_\_\_  
City      State

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 calendar days following the date on which I sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

**THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.**

\_\_\_\_\_  
Customer Name (Please Print)

\_\_\_\_\_  
Customer Phone Number

\_\_\_\_\_  
Signature      (Date)

Attach voided check here.