



SUN VALLEY ELKHORN

Association, Inc.

Name _____ Phone Number _____
Mailing Street Address _____
City, _____ State _____ Zip-code _____

DIRECT DEBIT AUTHORIZATION FORM

I/we hereby authorize Sun Valley Elkhorn Association, Inc., to initiate debit entries for the purpose of SVEA semi-annual assessments, to my/our

(Select One) [] Checking
[] Savings account

and the financial institution, DL Evans Bank, to debit same to such account. The debit is authorized to occur on the

(Select One) [] 10th of the month in October and April
[] 20th of the month in October and April

BANK NAME _____

BRANCH _____

CITY _____

STATE _____ ZIP _____

ROUTING (ABA) # _____

ACCOUNT # _____ (Please attach a voided check to this form)

This authority is to remain in full force and effect until Sun Valley Elkhorn Association Inc.* and DL Evans Bank** have received written notification from me (or either of us) of its termination in such time and in such manner as to afford Sun Valley Elkhorn Association and DL Evans Bank a reasonable opportunity to take action.

NAME (S) _____

ELKHORN ACCOUNT # (S) OR ELKHORN ADDRESS _____

EMAIL ADDRESS _____

SIGNED _____

SIGNED _____

DATE _____

*Sun Valley Elkhorn Association, Inc.
PO Box 1708
Sun Valley, ID 83353

**DL Evans Bank
c/o Susan Morgan Share
PO Box 9120
Ketchum, ID 83340

**If Checking Account –
Attach Voided Check Here**