HOMESITE #				
			FF #	
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VISTA DEL LAGO

EFT RECURRING DEBIT AUTHORIZATION (ACH DEBIT)

I (we) hereby authorize Peterson Investments here	inafter called Vista, to initiate debit/credit entries and adjustments
for any debit entries in error to my (our) account at the	e financial institution listed below.
Financial Institution Name	
Routing/Transit Number (9 Digits)	Account #
Begin deducting from my/our CHECKING SA	VINGS ACCOUNT
on the third day of(MONTH), 20	
A $\underline{\text{Voided Personal Check}}$ must be attached for $\underline{\text{Che}}$	cking Account (Deposit Tickets are not acceptable.)
For Savings Account—Please obtain a valid direct of	deposit sign up form with <u>Transit Routing Number and Account</u>
Number from your <u>Financial Institution</u> (Ex: Bank) a	and include information above. (Deposit Tickets are not acceptable.)
occur on the following banking day. If the funds are no will be responsible for any fees incurred from Vista incomes back NSF Vista will attempt another debit the f	debit date fall on a Saturday, Sunday, or Federal holiday, the debit shall ot available in your account at the time Vista withdraws the payment, you cluding a \$20.00 NSF fee and at your financial institution. If withdraw following month and include the previous debit and any Late or NSF fees fination of ACH transactions to my (our) account must comply with the
"Please attach void	ded check from account you wish to utilize"
This authority shall remain in effect until Vista has Cancellation form from me (us) of its termination reffect as to afford Vista a reasonable opportunity to	s received written notification in the form of their Internal ACH no later than the 15 th of the month prior to the date it is to take to act on it.
Print Name	Print Name
Account Holder Signature	Account Holder Signature
Date	