

Barrington Park Office Use Only	
Account #	
Name:	_
Day of the month to be debited:	
Amount:	

UTAH FIRST					
	<u>Autom</u>	natic Payment	<u>Authorization</u>		
All and the second state of the second state o					ASSOCATION to initiate
the specified debit entries BARRINGTON PARK HOA		rinanciai institutio	on named below in or	der to pay funds du	е то
Payor's Account Info	rmation				
	Institution:				
	ng Number:				
Accou	ınt Number:			<u> </u>	
Day af tha was with the	Amount:				
Day of the month to	be debited:				
Payee understands that if is understood that, if the the right to cancel the aut	payment is returne	d more than twi			
Payee's Account Inform	<u>nation</u>				
Account number of accou	nt to be credited at:	Utah First Credi	t Union.		
This authorization will rea	main in full force and	d effect until eith	er Payor or Payee nr	wides BARRINGTO	N PARK HOMEOWNERS
ASSOCIATION written not					
ASSOCATION and the abo	ve stated financial ir	nstitution a reaso	nable opportunity to	act on it.	
PAYOR SIGNATURE:					
NAN	 1E		DATE		
					i
		Copy of C	heck		!
		55,000			
					i
					!
					i