



Discontinue Authorization Carrying Charge Direct Debit

1) Mutual / Apartment Number _____

2) Full Name (Please Print) _____

3) Telephone Number _____

4) I hereby revoke my prior authorization to Golden Rain Foundation of the debit to my checking/savings account each month, effective immediately. I understand that my carrying charges, property tax assessment and all other monthly assessments, will now be paid on my own.

I hereby agree to hold Golden Rain Foundation blameless for any errors of commission or omission that may occur during the course of this.

Signature

Date

5) GRF Accounting Input Initials: _____

Accounting Input _____