

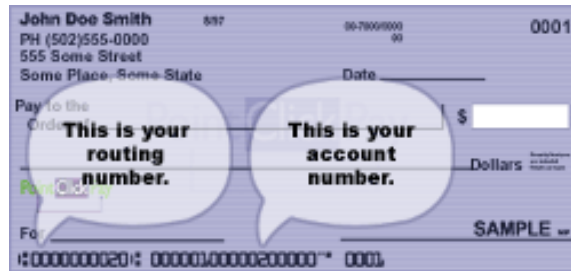
**AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS
(DIRECT DEBIT)**

I (We) hereby authorize _____, herein after called COMPANY, to initiate debit entries and/or correction entries to our (select one):

- Checking Account
- Savings Account

Indicated below to the depository (bank) named below, herein after called DEPOSITORY in the amount of:

- Current HOA/Condo Fee
(This will be adjusted as necessary in future years if the fee changes)



Depository (Bank) Name

Bank Transit/Routing Number

City and State

Bank Account Number

Start Date for Direct Withdrawal

PLEASE ATTACH A VOIDED CHECK OR BANK NOTE SHOWING THE ACCOUNT NUMBER AND ABA NUMBER. DO NOT ATTACH A DEPOSIT SLIP.

DEBITS OCCUR ON THE 10TH OF THE MONTH FOR
THAT RESPECTIVE CALENDAR MONTH

Note: Returned debits will be subject to a \$30.00 NSF fee.

This authorization is to remain in full force until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY reasonable opportunity to act upon it.

Homeowner Name(s)

Property Address/Account #

Phone Number

Signature(s)

Date

Mailing Address (if different)

**Please continue making payments on your account by mail
until you receive confirmation that your direct debit has started**