

AUTHORIZATION AGREEMENT

ACH PREAUTHORIZED PAYMENTS (DEBITS)

I hereby authorize R.S. FINCHER & CO., LLC, to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my Checking_____Savings_____account indicated below and the financial institution named below to credit (or debit) the same to such account.

FINANCIAL INSTITUTION NAME CITY STATE

TRANSIT/ROUTING NUMBER ACCOUNT NUMBER

START DATE (MONTH)

I understand that this authorization will be effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited ti my account by my financial institution. I agree to give my financial institution a written notice identifying the entry, stating that it is in error, and requesting credit back to my account. I will provide the written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever occurs first.

Name

HOMEOWNER'S ASSOCIATION

SIGNATURE DATE

WHEN RETURNING THIS FORM, ATTACH A VOIDED CHECK FORMS THAT DO NOT HAVE A VOIDED CHECK WILL BE RETURENED.

- IF YOUR ACCOUNT IS PAID MONTHLY IT WILL BE DRAFTED EACH MONTH**
- IF YOUR ACCOUNT IS PAID QUARTERLY IT WILL BE DRAFTED EACH QUARTER**
- IF YOUR ACCOUNT IS PAID SEMI-ANNUALLY IT WILL BE DRAFTED TWICE A YEAR**