AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: OLD FARM CONDOMINIUMS

I (we) hereby authorize <u>Old Farm Condominiums</u> hereinafter called COMPANY, to initiate debit of \$200.00 for my (our) Monthly Dues and a 30¢ bank charge, equaling \$200.30 to my (our) Financial Institution indicated below on the 10th of the month.

NAME OF FINANCIAL INSTITUTION	
FINANCIAL INSTITUTION ACCOUNT NU	MBER
FINANCIAL INSTITUTION ROUTING/TRA	ANSII/ABA NUMBER
MONTH TO BEGIN DIRECT DEBIT	
This authorization is to remain in full force and notification from me (or either of us) of its terrafford COMPANY and Financial Institution a	mination in such time and in such manner as to
Old Farm Property Address:	
Signature:	Date:
Name (Please Print):	
PLEASE REMI'	T VOIDED CHECK