AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: WILLOWCREST TOWNHOUSE ASSOC.

I (we) hereby authorize <u>Willowcrest Townhouse Assoc.</u> hereinafter called COMPANY, to initiate debit of \$55.30 for my (our) Monthly Dues and a 30¢ bank charge, equaling \$55.60 to my (our) Financial Institution indicated below on the 10th of the month.

NAME OF FINANCIAL INSTITUTION
INANCIAL INSTITUTION ACCOUNT NUMBER
INANCIAL INSTITUTION ROUTING/TRANSIT/ABA NUMBER
MONTH TO BEGIN DIRECT DEBIT
This authorization is to remain in full force and effect until COMPANY has received writter notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.
Willowcrest Property Address:
iignature: Date:
Name (Please Print):

PLEASE REMIT VOIDED CHECK & RETURN UNUSED COUPONS