

DIRECT PAYMENT AUTHORIZATION

I (we) hereby authorize Penn Equity Associates, Inc. c/o The Reserve hereinafter called the Company, to initiate debit entries to my (our) account indicated below, and the Financial Organization named below, hereinafter called the Receiving Bank, to debit the same to such account. This authorization is to remain in full force and effect until the Company has received **written** notification from me (us) of its termination in such time and in manner as to afford the Company a reasonable opportunity to act upon it. Such reasonable time is considered to be 30 days notice before the beginning of the month. The amount of the debit may increase or decrease, depending on the adopted budget of the Association in any given year. Please include a **VOIDED CHECK** with this application.

SECTION 1 (To be completed by customer)

Name of Customer

Name of Financial Institution

Address of Unit

Address

City State Zip

City State Zip

Signature of Customer

ABA Routing/ Transit Number

Signature (Joint Account Owner)

Account Number

Type of Account (checking, savings)

I wish to start the DIRECT PAYMENT on the FIRST FRIDAY of _____.

Phone # _____

Work# _____

Alternative # _____

Email: _____