

Amy Telnes Management Services, LLC.

Debit Authorization Agreement

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWL (ACH DEBITS)

OWNER NAME: _____

ASSOCIATION NAME: _____

CURRENT ASSESSMENT AMOUNT: _____ PER _____

I (We) hereby authorize Amy Telnes Management Services, LLC. , to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) () Checking account () Savings account (select one) indicated below at the bank named below, herein after called DEPOSITORY, to credit and/or debit the same to such account.

The current debit to your account will be your dues amount, to be pulled from your account on the 5th of each month billed, or the next business day.

BANK NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

ROUTING NUMBER: _____

ACCOUNT NO: _____

This authorization is to remain in full force and effect until Amy Telnes Management Services, LLC. , has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Amy Telnes Management Services, LLC., and DEPOSITORY a reasonable opportunity to act on it.

ACCOUNT HOLDER NAME(S): _____

(Please Print)

UNIT NUMBER: _____ DATE: _____

SIGNED: _____ SIGNED: _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

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