AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: LONGLEY GREEN ASSOCIATION, INC

I (we) hereby authorize <u>Longley Green Association</u>, <u>Inc.</u> hereinafter called COMPANY, to initiate debit entries of \$305.00 for my (our) Quarterly Dues and 30¢ bank charge, equaling \$305.30 to my (our) Financial Institution indicated below on the 10th of the quarter month.

| | NEW ENROLLMENT | _AMEND CURRENT INFORMATION |
|---|-------------------|----------------------------|
| NAME OF FINA | NCIAL INSTITUTION | |
| ACCOUNT NUM | IBER | ROUTING NUMBER |
| DIRECT DEBIT | START DATE | |
| This authorization is to remain in full force and effect until COMPANY has received written 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. | | |
| Property Address: | | |
| Name (Please Prin | nt): | |
| Signature: | | Date: |

PLEASE REMIT VOIDED CHECK

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR

SPECIFIED IN THE AUTHORIZATION.