

ERICKSON REALTY AND MANAGEMENT, INC

This authorization agreement is solely for the purpose of paying my/our monthly assessment to the _____ Association in the amount of \$_____ and cannot be increased without my/our prior written authorization.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

ASSOCIATION NAME – _____

I (we) hereby authorize _____ ASSOCIATION hereinafter called COMPANY, to initiate debit entries to my (our) () **Checking** () **Savings** account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

BANK NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT NO. _____

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 DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____ PHONE # _____
(PLEASE PRINT)

SIGNED X _____ SIGNED X _____

DATE _____ Phone # _____

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

A VOIDED CHECK MUST BE ATTACHED