

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM EXHIBIT A

I hereby authorize The Association to initiate automatic re-occurring payment from my bank account as specified below:

ASSOCIATION: _____

NAME: _____

ADDRESS: _____
Unit # Street City

MAILING ADDRESS (if other than above): _____

PHONE: _____ **EMAIL:** _____
(confirmation will be sent via email)

YOUR BANK NAME: _____

BANK ROUTING NUMBER: | : _____ | :
(9 Characters)

YOUR BANK ACCOUNT #: _____

AMOUNT DUE: \$ _____ ** SAVINGS CHECKING

PERIOD: One time between the third and the sixth of each month due.

I understand this authority is to remain in full force and effect until The Association has received written notification from me of its termination in such time and manner as to afford the depositor a reasonable opportunity to act on it. I maintain the right to stop payment of the debit entry (deduction) by written notification delivered to the Association's business office fifteen (15) business days or more before this payment is scheduled to be made.

** Any adjustment to the debit amount, in accordance with a change in the assessments, will be made automatically after the Association has provided each owner with a minimum of ten (10) days notice of the change in assessment.

SIGNATURE: _____

DATE: _____

ATTACH VOIDED CHECK HERE:

The Automated Clearing House (ACH) division of the Federal Reserve Bank says electronic funds transfer (EFT) is by far safer and more secure than writing a check. EFT is tracked and governed by the ACH. It is transmitted in an encrypted format while a check passes through an average of 11 people who have access to all of your bank account and personal information.