AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS Automatic Checking Deductions

| Acct No or Unit # | Unit Owner Name: | E-Mail: |
|--|--|--|
| entries to my (our) checking account at the DEPOSITORY INSTITUTION listed below, to debit the same to such account. I understand my participation in this program involves deduction from my account listed below, which can be subject to corrections and/or adjustments as instructed by the ASSOCIATION. Unit Owner's Bank Name: Bank Address: Routing number or ABA number: Account number: DDA SAV Amount of monthly dues or Payment Frequency This authorization is to remain in full force and effect until has received written notification from me (or either of us) of its termination in such time and in such manner as to afford & EXECUTIVE NATIONAL BANK a reasonable opportunity to act on it. Signature of Member (2 nd authorized person Date Attention participants: Whenever possible provide Date Attention participants: Whenever possible provide Date Attention participants: Whenever possible provide Signature of Member (2 nd authorized person Date Attention participants: Whenever possible provide Signature of Member (2 nd authorized person Date Attention participants: Whenever possible provide Signature of Member (2 nd authorized person Date Attention participants: Whenever possible provide Signature of Member (2 nd authorized person Date Attention participants: Whenever possible provide Signature of Member (2 nd authorized person Date Attention participants: Whenever possible provide Signature of Member (2 nd authorized person Date Attention participants: Whenever possible provide Signature of Member (2 nd authorized person Date Attention participants: Whenever possible provide Signature of Member (2 nd authorized person Date Account number: Assoc Name Ass | Acct No or Unit # | |
| Bank Address: | entries to my (our) check account. I understand m | king account at the DEPOSITORY INSTITUTION listed below, to debit the same to such ny participation in this program involves deduction from my account listed below, |
| Account number: | Unit Owner's Bank Na | me: |
| Account number: | Bank Address: | |
| Amount of monthly dues or Payment | Routing number or Al | BA number: |
| Payment | Account number: | |
| Payment | Amount of monthly d | IIAS OL |
| This authorization is to remain in full force and effect until | _ | |
| This authorization is to remain in full force and effect until | , | · |
| Attention participants: Whenever possible providea copy of a voided check to verify bank information. Return or rejected ACHs are subject to late fees Joe Smith Any Town USA | Date due: | ASSOC NAME |
| Attention participants: Whenever possible providea copy of a voided check to verify bank information. Return or rejected ACHs are subject to late fees Joe Smith | notification from me | (or either of us) of its termination in such time and in such manner as to afford |
| Attention participants: Whenever possible providea copy of a voided check to verify bank information. Return or rejected ACHs are subject to late fees Joe Smith | | |
| Attention participants: Whenever possible provide | Signature of Member | Date |
| Attention participants: Whenever possible provide | | |
| Joe Smith Any Town USA DATE TAY TO THE OKDER OF Bank Routing NK Account Number | Signature of Member (2 nd | authorized person Date |
| Joe Smith Any Town USA DATE TAY TO THE OKDER OF Bank Routing NK Account Number | Attention participants: | Whenever possible providea copy of a voided check to verify |
| Any Town USA DATE TAY TO THE OKULTARS IT Features features DOLLARS IT Pater for the features EXEC Bank Routing NK Account Number | | |
| EXEC Bank Routing NK Assount Number | Any Town | 63-815/670 |
| EXEC Bank Routing NK Assount Number | PAY TO THE | |
| EXEC Bank Routing NK Account Number | SKUER OF | |
| EXEC Bank Routing NK Account Number | | DOLDARS III Industrial |
| Number Associate Names | EXEC | Bank Routing NK Account Number |
| | | OB 1551: 0734098 211°06 |