



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

ASSOCIATION: BlackFeather Condominium Association_c/o Metro Property Management Inc.

I (we) hereby authorize Black Feather Condominium Association, hereinafter called ASSOCIATION, to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the financial institution named below, hereinafter called BANK, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. Monthly amount deducted will be that which is the current amount approved by the Board of Directors.

NOTE: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator.

Bank Name: _____
Bank City: _____
State: _____ Zip Code _____

Bank Routing Number _____

Bank Account Number _____

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) _____
Property Address _____

Date: _____ Signature _____

VOIDED CHECK FROM ACCOUNT MUST BE ATTACHED HERE