

AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

Community Name _____

Account Number _____
(Leave Blank - Office Use Only)

I hereby authorize _____, ("Community") and Cardinal Management Group, Inc., to initiate debit entries in the amount of my Association assessment from my account indicated below. I also authorize the Financial Institution named below to debit same to such account.

Financial Institution Name _____ Branch _____

City _____ State _____ Zip _____

Transit/ABA No. _____ Account No. _____

This authority is to remain in full force and effect until the Community and the Financial Institution have received written notification from me of its termination in such time and manner as to afford the Community and the Financial Institution a reasonable opportunity to act upon the request. I further understand that payments will be deducted from my account between the first and tenth of each month in which the assessment is due, and should my payment be returned for any reason, I understand that I can be terminated from the program and I will be charged a \$25.00 administrative fee. **A VOIDED CHECK (NOT DEPOSIT SLIP) MUST BE ATTACHED.**

IMPORTANT NOTE: *Please continue to make your payments until you receive written notification of the effective date of the first automatic debit.*

Name(s) _____ Home Phone _____

Unit Address _____ Work Phone _____

Mailing Address (if different) _____
(Street Address) (City) (ST) (Zip)

Date _____ Signed _____