

DUES AUTOMATICALLY DEBITED (DAD)

Attach voided check

ACH PREAUTHORIZED PAYMENTS AGREEMENT (DEBITS)

This is my authorization to WINDJAMPER VILLAGE
PROPERTY-OWNERS ASSC. (57-0659166) to automatically debit
 my checking savings account _____
 at _____ is _____
FINANCIAL INSTITUTION ADDRESS CITY STATE BANK TRANSITABA NO.

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 days following the date on which I was sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.

CUSTOMER NAME _____
CUSTOMER ID NUMBER

DATE *X* _____
SIGNATURE