

ELECTRONIC FUND TRANSFER AUTHORIZATION AGREEMENT

I (we) hereby authorize HORST MANAGEMENT SERVICES hereinafter referred to as MANAGER, as agent for the association named above to initiate debit entries to my (our) checking/savings account at the depository named below, hereinafter referred to as DEPOSITORY, to debit the same to such account on the 5th day of the month in which payment is due.

This authority is granted in accordance with the terms and conditions of this Electronic Fund Transfer Information receipt of which I hereby acknowledge. This authority is to remain in full force and effect until MANAGER has received written notification from me (or either of us) of its termination in such manner as to afford MANAGER a reasonable opportunity to act on it. I understand that MANAGER requires at least three (3) business days' prior notice in order to cancel this authorization. Authorization must be received by the 10th day of the current month for electronic payments to start or be changed for the following month. Please keep a copy of the completed form for your records.

PARTICIPANT INFORMATION

NAME: _____ SIGNATURE: _____
Please type or print your name Participant's Signature

NAME OF ASSOCIATION (NOT Horst Management Services): _____

ASSOCIATION ACCOUNT #: _____ DATE: _____

DEPOSITORY INFORMATION (Attach copy of voided check)

Depository Name: _____ Depository Account #: _____

Depository 9-digit ABA Transit Routing #: _____

Attach
voided
check
here

Jane M. Doe John P. Doe 2020 Main Street Anywhere, PA 12345-6789	60-142 313 DATE _____	101
PAY TO THE ORDER OF _____		_____ DOLLARS
SAMPLE CHECK		
MEMO _____		
ψ: 031301422ψ:	4321 98765 ξξψ	101

↓
9-digit ABA Transit
Routing Number

↓
Account Number

ATTACH VOIDED CHECK WITH THIS AGREEMENT AND MAIL BOTH TO: Horst Management Services, P.O. Box 3330, Lancaster, PA 17604-3330 OR FAX TO 717-581-9816.