

The Isles Association Inc.

Debit Authorization Agreement

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL (ACH DEBITS)

OWNER NAME: _____

ASSOCIATION NAME: **The Isles Association**

MONTHLY ASSESSMENT AMOUNT IS: **\$342.00**

I (We) hereby authorize Amy Telnes Management Services, LLC. , on behalf of THE ISLES ASSOCIATION to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) () **Checking account or () Savings account** (select one) indicated below at the bank named below, herein after called DEPOSITORY, to credit and/or debit the same to such account.

The current monthly debit to your account will be the monthly assessment billed each month, to be pulled from your account between the 12th day and the 25th day of each month billed, depending on week-ends, holidays, and daily deduction limits in place.

Check this BOX to authorize the use of the bank account currently on file.

Or enter new bank information:

BANK NAME: _____

BANK CITY: _____

STATE: _____

ROUTING NUMBER: _____

ACCOUNT NO: _____

This authorization is to remain in full force and effect until Amy Telnes Management Services, LLC. , on behalf of The Isles Association Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Amy Telnes Management Services, LLC., and DEPOSITORY a reasonable opportunity to act on it.

ACCOUNT HOLDER NAME(S): _____

(Please Print)

Unit Number: _____ Address: _____ DATE: _____

Account Holder Signature: _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

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