DIRECT PAYMENT AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT

I (we) hereby authorize **SADDLE RIDGE ASSOCIATION, LTD.**, hereinafter called COMPANY, to initiate debit entries to my account indicated below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U. S. law.

FINANCIAL INSTITUTION	I NAME:		
ROUTING #:			
ACCOUNT #:			
TYPE OF ACCOUNT (Circle One):			
notification from me (or eit	her of us) of it	s terminations in such	MPANY has received written n time and in such manner (at least easonable opportunity to act on it.
UNIT #:	E	MAIL:	
	Second El	MAIL:	
NAME(S):			
ADDRESS:			
CITY, STATE, ZIP:			
SIGNATURE:			
· · · · · · · · · · · · · · · · · · ·			
	Second Pl	HONE NO:	
Please attach voided c	heck to this	form.	
Send to: Saddle Ridge Associ 1156 Saddle Ridge Portage, WI 53901	ation, Ltd.		

Or you may put it in the white mailbox on the back of my mailbox at 1156 which is for SRA free mail.

If you put something in the white mailbox, please put up the red flag to let me know. Thanks!