## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Assn Name:	
Owner Name:	authorizes Association to initiate
debit entries to the checking ac	authorizes Association to initiate account indicated below at the financial institution name below and
	unt. I acknowledge that the origination of ACH transactions to my
	provisions of U.S. law. Note: Your account must be current
	bits. By signing this form, you are guarantying that you will
	urrent status. Any charges to your account other than
•	overed by ACH. You will have to pay these charges separately.
•	uto debited. Any fines, fees, or other charges to your ledger
must be paid separately by y	
Debit my account on or about the 15	th of each month beginning
(Note: If you do not put in a start dat	te, we will start as soon as allowable when we receive your form)
Bank name:	City
Routing #	(9 digits)
Full Account #	
Associates, is provided written notificompany/association and financial in	I force until the Association, through its management company, Hoffmann & ication to cancel in such time and in such a manner to afford the management astitution reasonable time to comply. The Association, through Hoffmann & neel this agreement if the account is in arrears.
Name	Owner Code (To be completed by management company)
(Please print)	(To be completed by management company)
Signature	Date
Monthly amount	(Note: When monthly dues amounts change, management company
will automatically make the adjustment	ent to your auto debit).
Fax or mail form to: Hoffmann & A for your records.	ssociates, 7926 Old Seward Hwy #B4, Anchorage, AK 99518. <b>Keep a copy</b>
Please attach a voided check or co before we can start your ACH deb	py of same from the account that will
Rev 3/29/10	