

**HOMEOWNER AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

Association Name: _____

Unit Address _____

Homeowner Unit Number _____

Mailing Address (if different) _____

Email Address _____

Home Phone _____ Day Phone _____ Cell Phone _____

I/We authorize the above Association to charge my/our checking account at the financial institution indicated on my/our voided check for the payment of my/our monthly association assessment between the 8th and 11th of each month.

PLEASE BE ADVISED THAT IF YOUR PAYMENT IS RETURNED BY THE BANK FOR REASON OF NSF (NON-SUFFICIENT FUNDS), STOP PAYMENT, OR FROZEN OR CLOSED ACCOUNT, YOU WILL BE ASSESSED A \$25 FEE WHICH WILL BE ADDED TO YOUR ACCOUNT, AS WELL AS ANY APPLICABLE LATE CHARGES, AND WILL BE TAKEN IN ACH THE FOLLOWING MONTH TO INCLUDE YOUR PAST DUE PAYMENT, UNLESS YOU MAKE OTHER ARRANGEMENTS WITH US.

I/We understand that these assessments may change periodically, and that such change will be provided to the association's bank by the above named Association.

**PLEASE ATTACH A VOIDED CHECK (with preprinted name and address)
FROM THE CHECKING ACCOUNT THAT WILL BE CHARGED.**

I/we represent and warrant to the association's bank that the undersigned are all signers required to transact business on said deposit account and understand that electronic transactions on said account will be governed by the terms of my/our deposit account terms and disclosure. This authorization is to remain in full force and effect until the Management Company has received written notification from me of its termination in such time and in such manner as to afford the Management Company and the association's bank a reasonable opportunity to act on it.

Name(s) _____

Date _____ Signature _____

EMAIL THIS FORM TO: INFO@SUPERIORCOMMUNITY.COM

MAIL THIS FORM TO:

SUPERIOR COMMUNITY MANAGEMENT

P. O. Box 4585, Tualatin, OR 97062

503-684-1832 FAX 503-684-1834