

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)
COLONY AT EDINA

I (we) hereby authorize Colony at Edina Condominium Association, to initiate debit entries to my (our) CHECKING SAVINGS account (select one) indicated below at the depository financial institution named below and to debit the same to such account.

Name of Financial Institution _____ Branch _____

City _____ State _____ Zip Code _____

Routing Number (Bottom of check left side between Colon signs) _____ Account Number _____

Please choose one of the following:

Quarterly Dues Amount _____ Month to Start _____

Monthly Dues Amount _____ Month to Start _____

UNIT ADDRESS

This authorization is to remain in full force and effective until Colony at Edina has received written notification from me (or either of us) of its termination in such a time and in such a manner as to afford Colony at Edina, and depository a reasonable amount of time to act on it.

Name (Please print)

Date Signature

THIS REQUEST CANNOT BE PROCESSED WITHOUT ONE OF THE FOLLOWING ATTACHED BELOW:

For Checking account a VOIDED check
For Savings account a deposit ticket.

AT THIS TIME, DEDUCTIONS FROM A CREDIT CARD ARE NOT AVAILABLE.

Return form to:

The Colony at Edina
6330 Barrie Road
Edina, MN 55435

DUES WILL BE DIRECT DEBT FROM YOUR ACCOUNT ON THE 5TH OF THE MONTH OR QUARTER IT IS DUE.