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.

By signing this form, you also agree to have your name, address, and phone number published in our Saddle Ridge only directory.

FINANCIAL INSTITUTION NAME: _____

ROUTING #: _____

ACCOUNT #: _____

TYPE OF ACCOUNT (Circle One): CHECKING SAVINGS

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner (at least 14 days) as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.

UNIT #: _____ EMAIL: _____

Second EMAIL: _____

NAME: _____

Second NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

SIGNATURE: _____

_____

DATE: _____ PHONE NO: _____

Second PHONE NO: _____

Please attach voided check to this form.