ACH AUTHORIZATION FORM

| Owner Name (Please Print) | Lot No |
|---------------------------|--------|
| Email | _ |
| Bank Name | _ |
| Routing Number | _ |
| Account Number | |

At the above-named Bank, I/we agree that Authorized ACH transactions will comply with all applicable laws. I/we authorize <u>Majestic Park Homes, Inc.</u>, to electronically debit my/our account, and if necessary, electronically credit my/our account to correct erroneous debits as follows:

Debit Amount or method of determining the dollar amount of Debit(s), or specify range of acceptable dollar amounts authorized. <u>\$135 per month</u>, or as increased by board vote and owner notification.

Dates and/or frequency of Debit(s): Will be drawn during the first business week of each month.

I/we understand that this authorization will remain in full force and effect until I/we notify **MPH** in writing that I/we wish to revoke this authorization. I/we further understand that **MPH** requires a minimum of 3-days prior notice to cancel this authorization.

Signature

Date

Printed Name

Return Completed and Signed Form to Majestic Park Office. ATTENTION: TREASURER