

# Briargate Second Owners Association

## Agreement for Preauthorized Payments

I hereby authorize **Briargate Second Owners Association**, hereinafter called Company, and **Farmers State Bank** to initiate debit entries to my account indicated below to fulfill my monthly dues and any assessments. I have supplied my financial institution's (Depository's) name and my account number below.

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Depository Bank

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Transit/Routing Number

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City, State

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Account Number

This authority is to remain in full force and effect until Company has received written notice from me of termination of this agreement. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

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Printed Name

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ID Number\*

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\$185.00

Current Amount

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1<sup>st</sup> of Each Month

Frequency

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Date

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Signature

\*ID Number is your condo street address followed by the first letter of your street name

\*\*This authority will remain in effect for current and future increases in dues as long as the resident resides at this address or notice of termination is given.\*\*

Returned ACH Debits will result in a \$25.00 Minimum Penalty