

# 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.

|                          |                                 |
|--------------------------|---------------------------------|
| _____<br>Depository Bank | _____<br>Transit/Routing Number |
| _____<br>City, State     | _____<br>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.

|                                     |   |
|-------------------------------------|---|
| _____<br>Printed Name               | _____<br>ID Number*                                 |
| _____<br>\$145.00<br>Current Amount | _____<br>1 <sup>st</sup> of Each Month<br>Frequency |
| _____<br>Date                       | _____<br>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