

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.

_____ Depository Bank	_____ Transit/Routing Number
_____ City, State	_____ 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.

_____ Printed Name	_____ ID Number*
_____ \$155.00 Current Amount	_____ 1 st of Each Month Frequency
_____ Date	_____ 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