



AGREEMENT for DIRECT PAYMENT (ACH)

As a convenience to me, I (we) authorize the Winter Oaks Association, Huntington Bank Company ID Number 102556, to initiate debit entries, to cover Association Dues on a monthly basis, from my (our) depository financial institution as set forth in the attached blank voided check or a letter as directed below:

Select Only One

- _____ Checking Account (attach a blank voided check)
- _____ Money Market Account (attach blank voided check or letter from the financial institution stating appropriate account and routing numbers)
- _____ Savings Account (attach a letter from the financial institution stating appropriate account and routing numbers)

I (we) acknowledge that the origination of ACH transactions on the 1st of each month to my (our) account for the monthly Association dues must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until Winter Oaks Association has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford Winter Oaks Association and my depository financial institution a reasonable opportunity to act on it.

I further agree to pay all fees attributed to this transaction due to insufficient funds in my account.

I further agree that the amount of future checks, share drafts, bank debits or electronic fund transfers can be changed in the future to reflect an increase in Association dues if the need should arise without completion of a new authorization.

Request and Authorization Signatures

By signing below, I also acknowledge receipt of an uncompleted copy of this form for my records.

Signature of Depositor _____ Date _____

Signature of Depositor _____ Date _____

Please submit this form to the Board Mailbox next to the 264 Winter Oaks West mailbox.

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.