



AGREEMENT for DIRECT PAYMENT (ACH)

I (we) authorize the Winter Oaks Association, Consumers Credit Union to initiate debit entries, to cover Homeowner Association Dues on a monthly basis, from my (our) depository financial institution from my/our Checking Account (attach a blank voided check).

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

Unit Address _____

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.