

St Croix Hills Condo Association

c/o Bordertown Realty, Inc.
744 Ryan Dr #103
Hudson WI 54016
715-386-6000

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) authorize St Croix Hills Condo Association, hereinafter called COMPANY, to initiate ACH DEBIT entries to my (our) account at the financial institution named below. I (we) acknowledge that the originations of ACH transactions to my (our) account must comply with the provisions of U.S. law and certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form. I (we) agree that no prior-notification will be provided unless the date or amount changes, in which you receive a notice from the COMPANY at least 10 days prior to transaction.

I (we) authorize St Croix Hills Condo Association to DEBIT my (our) bank account indicated below for \$_____ starting on the 1st of the Month and will occur monthly. This payment is for Association Dues.

Account type: Checking Savings

Homeowner Name(s): _____

Property Address: _____ Unit #: _____

Phone Number: _____

Email: _____

A VOIDED CHECK OR PROOF OF ACCOUNT HOLDER INFORMATION MUST BE ATTACHED

Depository Name: _____ Branch _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Acct #: _____

This authorization is to remain in full force and effect until I cancel in writing at least 15 days prior to the next ACH transaction. I (we) understand that if my ACH is returned because of non-sufficient funds or closed account, I (we) will be charged an additional fee of \$40.00 per occurrence and my (our) ACH service may be stopped.

My signature below indicates that I have verified, confirm and agree with all the information provided above.

Signature

Date

Signature

Date