

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 the 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*
_____	_____
\$175.00	1 st of Each Month
Current Amount	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 \$50.00 Minimum Penalty