ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

I hereby authorize Association Management Services, LLC, shall be known as COMPANY, to initiate **only** monthly association dues (no special assessments, fines, or late fees allowed) debit entries from the following account. I also authorize COMPANY to increase future monthly dues amount as needed.

******Your dues will be deducted between the 10th and the 12th of each month**

| Beginning Month: | Year to begin: |
|--|--|
| | U |
| [] Checking | |
| Routing #:(9 digits) | Account #: (4-17 digits) |
| Bank/ Financial Institution: Branch Address and Phone Number: | |
| [] Savings | |
| Routing #:(9 digits) | Account #: (4-17 digits) |
| | |
| | led check for your checking account or voided withdraw (or corrected) name and address, and mail promptly to: |
| Association Management Services, LLC 8450 Hickman Road Suite 9 Clive, Iowa 50325 | |
| This agreement is to remain in effect until COMPANY has received <u>written</u> notification by undersigned to terminate monthly automatic debit in such time to afford COMPANY a reasonable opportunity to act on it. | |
| SIGNATURE: | Date: |
| Print Name: | |
| Name of HOA Association: | |
| Address: | |
| Unit Number Contact Phon | e Number: |
| There will be a separate charge of <u>\$45.00</u> payable to <i>Association Management Services</i> on any returned items for any reason. If payment for auto withdraw is returned for any reason, this form and process will terminate immediately. | |