EVERGREEN MANAGEMENT GROUP.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

(ACH DEBITS/	CREDITS) ************************************
Renihan Meadows Condominium Association	
Unit Owner Name(s): Please Print Unit Number or Address:	
I (we) hereby authorize Evergreen Management Group, hereinafter called EMG, to initiate debit/credit entries to my (our) account, for the amount of the monthly association fee and/or special assessments assessed by the Association named above, hereinafter called ASSOCIATION, to debit the same to such account, as of the 5 th business day of each month commencing on	
This authority is to remain in full force and effect until El notification from me (or either of us) of its termination in reasonable opportunity to act on the termination request. with all United States law.	such time as to afford EMG and ASSOCIATION a
Present Monthly Condominium Fee \$amount debited from your account will reflect the most current amount	
ROUTING NUMBER:	
ACCOUNT NUMBER:	
Please check one: Checking Account	Savings Account
If you selected "Checking Account", a copy of a voide Please allow two weeks to process this request.	d check is required with this authorization form.
Signature	Date
Signature Please note: 1. If you sell your Unit, it is your responsibility to provide written no	Date
 If you change banks, you must notify EMG and provide updated a 	-

3. The automatic debit is only for regular association and imposed special assessment fees. Late fees, penalties, fines, collection charges and/or maintenance charges will not be debited from your account. The unit owner remains responsible for payment by means separate from the automatic debit for payment of any of the aforementioned items.

4. If your account balance has insufficient funds for any month, you will be assessed a \$25.00 processing fee by the Association, as well as any associated bank fees, and/or any Association late charges/interest/penalties.

5. EMG does not provide notice of any incomplete monthly automatic debit for payment of funds owed to the Association. The balance owed for any incomplete monthly auto payment debit will be added to the next regular payment amount and deducted from the next regularly scheduled automatic debit. File: Association Fee Debit Authorization Form 03.12.08/F