

AUTHORIZATION FOR AUTOMATIC DEDUCTION

I (We) hereby authorize and direct Lakeside Bank to deduct from my (our) Checking or Savings Account, as listed below, monthly payments to credit monthly assessments and other charges for

Unit No. _____ for the James/Kilmer Condominium Association

Deductions are taken between the 5th and 10th of each month.

Checking – Account Number: _____

or

Savings - Account Number: _____

Financial Institution: _____

Routing Number (ABA): _____

DIRECT DEBIT INFORMATION

This authorization is to remain in effect until Community Specialists has received written notification from me (or either of us) of its termination in such time as to afford Community Specialists and the bank listed above a reasonable opportunity to act upon it.

Print your name as it appears on your banking information

Street Address

City, State, Zip Code

Phone Number

Authorized Signature

Date

This form must be submitted to the association's management office or to Community Specialists by the 15th of the month or next business day, in order to be processed for the following month.

IF POSSIBLE - PLEASE INCLUDE A VOIDED CHECK