



Automatic Debit Plan Form

I authorize Premier Management Company, Inc., as managing agent for the _____ Association, Inc., to automatically debit my:

checking savings account.

Bank Account # _____

Routing Number _____

Financial Institution _____

City _____ State _____ Zip _____

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↓ Staple voided check here

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I understand that this authorization will be in effect until I notify Premier Management Company in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying Premier Management Company before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by Premier Management Company, if within 15 calendar days following the date on which I was sent a statement of account or a written notice of such entry of 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my bank account.

THIS AUTHORIZATION IS NONNEGOTIABLE AND NONTRANSFERABLE.

Customer Name _____

Property Address _____

Phone _____ E-mail _____

Association Name _____

Signature _____ Date _____