

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)
FOR MONTHLY ASSESSMENT CHARGES FOR

I/We hereby authorize Brookridge Community Property Owners, Inc. hereinafter called Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my/our

Check one: Checking _____ Savings _____

Account indicated below and the depository named below, hereinafter called DEPOSITORY to credit and /or debit the same to such account.

DEPOSITORY

Bank Name _____ Branch _____

City _____ State _____ Zip _____

This authority is to remain in full force and effect until Brookridge Community Property Owners, Inc. has received written notification from me/we of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s)/Owner(s) _____ UBL/Account # _____

Date: _____

Print Name: _____ Sign Name: _____

Print Name: _____ Sign Name: _____

(Attach voided check)

(Closed Accounts or Insufficient Funds availability are subject to additional fees and assessments)
(Brookridge Community Property Owners, Inc fax 352-597-8174)