

Authorization Agreement for Direct Charge (ACH debits) of Association Assessments

I (we) hereby authorize Countryside Asset Management Corporation, as trustee for The Kingsbridge Homeowners Association, herein called COMPANY, to initiate debit entries to my (our) checking account indicated below at the depository named below, hereafter called DEPOSITORY, for payment of monthly assessments due the association.

Bank name _____

Bank Address:

City _____

State _____ Zip _____

Routing Number _____

Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Property Address: _____

Name(s) _____
(please print)

Signed _____ Date _____

Signed _____ Date _____

PLEASE ATTACH A VOIDED CHECK HERE TO ASSIST WITH VERIFYING BANK INFORMATION