Integra Condominium Association Management, Inc.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS) SPECIAL ASSESSMENT PAYMENTS ONLY

I (we) hereby authorize **SNOWLINE INN CONDOMINIUM OWNERS ASSOCIATION**, hereinafter called Company, to initiate debit entries to my (our) Checking Account/Savings Account indicated below at the depository financial institution named below, hereinafter called Depository, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

All ACH drafts will occur on or about the 5th business day of each month. *A separate authorization form and void check will be required for <u>each</u> unit owned.*

Please return a void check and this authorization to: INTEGRA Condo Assoc Management, Inc. P.O. Box 31936 Bellingham, WA 98228 Bank Name: ______U.S. Branches only Branch: _____ City: _____ State: Zip: ____ Routing Number: Account Number: Personal Checking Business Checking Savings ONE TIME PAYMENT/DEDUCTION OPTION: Amount: \$ DATE OF ONE TIME PAYMENT/DEDUCTION: ______ 5, 20_____ Yr MONTHLY PAYMENT/DEDUCTION OPTION: Month to BEGIN Payment/Deduction: DEDUCT \$ ON THE 5TH DAY OF EACH MONTH FOR A TOTAL OF MONTHS MULTIPLE PAYMENT/DEDUCTION OPTION: Deduct \$ _____ ON THE 5TH DAY OF: [Circle which months deduction are to be taken] JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER NOVEMBER DECEMBER 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.

P.O. Box 31936 , Bellingham, WA 98228 Telephone: (360) 656-5091 Fax: (360) 656-5093

InCAM@live.com Web Page: integrapropertymanagement.com

Signature: