INTEGRA CONDOMINIUM ASSOCIATION MANAGEMENT, INC.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize *SNOWLINE 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 Condominium Association 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
Date of first Deduction: 5, 20 Month (Form must be received a minimum of 10 days prior to the end of the m effective, example: Form must be received by January 20th to be effect	onth preceding the starting month to be
This authorization is to remain in full force and effect un from me (or either of us) of its' termination in such time a Depository a reasonable opportunity to act on it. Further amount to be increased/reduced in conjunction with the a Budget/General Dues Assessment.	til Company has received written notification and in such manner as to afford Company and , authorization is given to allow for the
Unit#: Amount: U.S. Funds only	
Name:	Date:
Signature:	_
P.O. Box 319	
Bellingham, WA Telephone: (360) 656-5091 F	
Terephone. (300) 030-3091 1	an (300) 030-3073

integra@integra2183.com