

ACH AUTHORIZATION FORM

I (we) hereby authorize Association Experts Property Management to initiate debit entries to my (our) ___/Checking Account ___/Saving Account (select one) indicated below at the depository financial institution named below and to electronically debit the same to such account. I (we) acknowledge that the obligation of ACH transactions to my (our) account comply with the provisions of U.S. law.

Bank Name _____ City _____

Routing Number _____ Account Number _____

This authorization is to remain in full effect until Association Experts Management has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Association Experts Property Management and the depository financial institution a reasonable opportunity to act on it.

Name(s) _____

Address _____

Association Name: **Lake Ridge Owners Association**

Date _____ Signature _____

___/ Monthly Deduction ___/ Quarterly Deduction ___/ Other Deduction

Effective Start Date _____. Automatic deduction transaction is performed on the 1st of the month or first business day after.

ATTACH VOIDED CHECK HERE

Mail to:

Lake Ridge Owners Association
Jim Schumacher, Property Manager
Association Experts
3625 Talmage Cir., Ste 202
Vadnais Heights, MN 55110