Automatic Debit and Credit Agreement for Electronic Funds Transfers

I hereby authorize, on this _____ day of _____, in the year of _____ Capitol Property Management to initiate electronic debit and/or credit entries to the bank account shown below for monthly assessments for _____Homeowners Association on the first day of each month. This authorization will remain in effect until;

a) I notify my Bank and the above named Company in writing to terminate this agreement and give the Bank and the above named Company reasonable time to so terminate the agreement,
b) The Bank and/or the above named Company have sent me five (5) business days advance written notice of the Bank's and/or Company's termination of this Agreement

I understand that any cancellation in writing will become effective no earlier than five (5) business days after the day the last transaction has cleared and there are no outstanding balances on the account.

Electronic Funds Transfer (15 U.S.C. § 1693): I he reby acknowledge receipt of notice by the financial institution described herewithin of the undersign's liability for an unauthorized electronic fund transfer, duty to promptly report such unauthorized transfers, charges for electronic fund transfers, the right to stop payment or pre-authorized electronic fund transfers, procedure to initiate such stop payment order, the right to receive documentation of electronic fund transfers, and the Bank's liability pursuant to the Electronic Funds Transfer Act found at 15 U.S.C. § 1693, ex el., and as against Intercept Corporation, waives all rights thereunder.

ASSESSMENT AMOUNT $ _____ **TO BE DEDUCTED** _____

_____ FINANCIAL INSTITUTION

_____ BRANCH

_____ CITY

_____ PHONE NUMBER

_____ PLEASE PRINT YOUR NAME

_____ DATE

ROUTING (ABA) NUMBER

ACCOUNT NUMBER AT FINANCIAL INSTITUTION

SELECT TYPE OF ACCOUNT: CHECKING SAVINGS

Your Signature: _____ S.S. Number: _____
Authorized Signature

Attached to this authorization is a voided personal check for verification of all checking account information.