

AUTHORIZATION FOR AUTOMATIC DUES PAYMENT

The undersigned authorizes _____
Association and US Bank to initiate entries to my checking/savings account. This authority shall remain in effect until ACT Management, Inc. has received a sixty (60) day written notification from me (or either of us for a joint account) of the modification or termination of this Agreement.

(NAME - PLEASE PRINT)

(Address at Association)

(Mailing address if different than Association)

(SIGNATURE)

NAME OF FINANCIAL INSTITUTION

ADDRESS OF FINANCIAL INSTITUTION

Checking Account No. _____ (OR) Savings Account No. _____

Financial Institution Routing Number _____
(Between these symbols |: |: on the bottom left of your check)

on _____, I authorize
(Date)

_____ c/o ACT Management, Inc.
850 Decatur Avenue North, Suite 2A, Golden Valley, MN 55427-4324
Telephone (763) 593-9770

to initiate electronic payment of _____ (amount) for association fees from my checking/savings account and agree to the terms listed on the authorization form.

STAPLE VOIDED CHECK OR SAVINGS WITHDRAWAL HERE

Date: _____ Signature: _____
