

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)
COLONY AT EDINA

I (we) hereby authorize Colony at Edina Condominium Association. to initiate debit entries to my (our) ____ CHECKING ____ SAVINGS account (select one) indicated below at the depository financial institution named below and to debit the same to such account.

Name of Financial Institution

Branch

City

State

Zip Code

Routing Number (Bottom of check left side between Colon signs)

Account Number

Please choose one of the following:

Quarterly Dues Amount Month to Start

Monthly Dues Amount Month to Start

UNIT ADDRESS

This authorization is to remain in full force and effective until Colony at Edina has received written notification from me (or either of us) of its termination in such a time and in such a manner as to afford Colony at Edina. and depository a reasonable amount of time to act on it.

Name (Please print)

Date

Signature

THIS REQUEST CANNOT BE PROCESSED WITHOUT ONE OF THE FOLLOWING ATTACHED BELOW:

For Checking account a VOIDED check
For Savings account a deposit ticket.

AT THIS TIME, DEDUCTIONS FROM A CREDIT CARD ARE NOT AVAILABLE.

Return form to:

The Colony at Edina
6330 Barrie Road
Edina, MN 55435

DUES WILL BE DIRECT DEBT FROM YOUR ACCOUNT ON THE 5TH OF THE MONTH OR QUARTER IT IS DUE.