Preauthorized Electronic Assessment Payment Services Authorization Card (please print)

_____
ASSOCIATION NAME

_____
UNIT ID

_____
NAME(S) LAST FIRST MI

_____
NAME(S) LAST FIRST MI

_____
ADDRESS

_____
CITY STATE ZIP

_____
DAYTIME PHONE NUMBER

_____ _____
ROUTING NUMBER ACCOUNT NUMBER

I (we) hereby authorize MANAGER, as agent for the association named above to initiate debit entries to my (our) **checking/savings** account at the depository named below, hereinafter referred to as DEPOSITORY, to debit the same to such account.

_____
DEPOSITORY (BANK) NAME

This authority is granted in accordance with the terms and conditions of the MANAGERS Preauthorized Electronic Assessment Payment Service Agreement & Disclosure Statement receipt of which I hereby acknowledge. This authority is to remain in full force and effect until MANAGER has received written notification from me (or either of us) of its termination in such manner as to afford MANAGER a reasonable opportunity to act on it. I understand that MANAGER requires at least three (3) business days prior notice in order to cancel this authorization.

_____
SIGNATURE (REQUIRED) DATE

_____
SIGNATURE (REQUIRED) DATE

ATTACH VOIDED CHECK TO THIS AGREEMENT AND MAIL BOTH TO:

THE HIGHLANDER GROUP, INC.
2878 Orchard Lake Road, First Floor
Keego Harbor, MI 48320

Preauthorized Electronic Assessment Payment Service Agreement & Disclosure

Preauthorized debits to your account will be processed, on the due date, for the amount of your regular assessment payment. Payments so collected will be deposited to the checking/savings account of your ASSOCIATION, maintained with First Citizens Bank.

Your association may direct us to make changes to the assessment amounts and/or due dates in accordance with the ASSOCIATION'S governing documents and applicable statutes. You will be given notification of these changes in accordance with applicable law

We reserve the right to make changes in the agreement at any time. You may cancel this Agreement at any time without cause by notifying us in writing at our company address at least three (3) business days prior to the proposed effective date of termination. You may also contact your financial institution directly.

If you have questions or need further information, please contact our Association experts:

The Highlander Group, Inc.
Phone: 248.681.7883
E-Mail: info@highlandergroup.net

Authorization must be received by the 15th day of the current month for processing to start the following month. Payments shall be debited on the 10th day each month.

PLEASE RETAIN A COPY FOR YOUR RECORDS

Preauthorized Electronic Assessment Payment Services

What:

Through First Citizens Bank, we offer association homeowners an opportunity to pay their association assessments using preauthorized electronic payments. Preauthorized electronic payments mean that homeowners can pay their periodic assessments automatically without writing checks, thus reducing the potential for late payments. In addition, the association is assured prompt, predictable payments to help better manage funds. This program is available to all homeowners regardless of where they bank.

How:

The preauthorized electronic assessment payment service uses the Federal Reserve System's Automated Clearing House (ACH) to facilitate electronic transfers from homeowner checking/savings accounts directly into the association's bank account. Funds are transferred on the 15th day of the month they are due and appear on the homeowner's bank statement each year. Information regarding payments is reported to the association's management or bookkeeping company on the same day funds are deposited to the association's account.

To Enroll:

Read, complete and sign the Preauthorized Electronic Assessment Payment Services Authorization card.
Attach a voided check to the authorization card and mail to:

THE HIGHLANDER GROUP, INC.
2878 Orchard Lake Road, First Floor
Keego Harbor, MI 48320