

Heatherwood Association

AUTHORIZATION FORM FOR CONSUMER WITHDRAWAL

Please use this form to have your monthly Association Fees withdrawn directly from your account. Please check the box below to indicate your preference for withdrawal from a checking or savings account. This form must be received by the 20th of the month in order for the following month's payment to be withdrawn. All direct payments will be withdrawn from your account on the 5th of each month. If the 5th falls on a weekend or holiday, the withdrawal will occur on the next bank business day.

Name _____

Address _____

City/State _____

Account No. (From coupon) _____ Daytime Telephone _____

I authorize Kramer-Triad Management Group to instruct my bank to make my regular monthly Association payments. Special assessments, maintenance billbacks, and any other charges on my account will require my authorization for payments of these charges. I also understand that I may discontinue this authorization at any time by giving written notice to Kramer-Triad Management Corporation. I realize that this information will be used solely for the purpose of making payments to my Association.

Bank or Institution _____

Bank savings account

Bank checking account

Note: If you choose to withdraw from a checking account, please attach a voided check and payment coupon to this form. If you choose a savings account, please provide the routing and account numbers.

Signature _____ Date _____

Print Name: _____

Please complete and return this form to:

Heatherwood Association
Kramer-Triad Management Group
1100 Victors Way, Suite 50
Ann Arbor, MI 48108