

INVESTORS CHOICE ASSOCIATION AND PROPERTY MANagements SERVICES LLC

ASSOCIATION PAY AUTHORIZATION

Use this form to sign up for the automated way to make your association maintenance fee payments. Features of this system are as follows:

- > Payments automatically deducted from your designated bank account on the 3rd day of the month or quarter in which the payments due. If the 3rd falls on a holiday or weekend, your payment will be deducted on the next business day.
> Designated bank account can be any Federal Reserve Bank member located in the United States.
> Forms must be received by Investors Choice Association and Property management Services LLC, by the 20th of the month prior to your first payment activation. If this cannot be performed please use your coupon or invoice and a check for the first payment.

To sign up for this payment system, please complete the section below and send the original to the Investors Choice Association and Property Management Services LLC with the following items:

- > A voided check from your designated account

MAIL TO: Investors Choice
P.O. Box 345
Tallahassee, Fl 32302
1 (850)364-8609/ (866) 511-0881 Fax

If you experience a change in bank information or the sale of a unit please contact Investors Choice.

ASSOCIATION NAME _____

ACCOUNT OR MEMEBR ID NUMBER _____
(Can be found on your monthly or quarterly statement)

I WOULD LIKE MY AUTOMATIC DEBIT TO START IN _____(MONTH) _____(YEAR)

I hereby authorize Investors Choice Association and Property Management Services LLC, to initiate debit entries to my Checking or Savings account at the financial institution indicated below for the purpose of making Association Maintenance Payments. It is understood that the amount of such debit entry is based upon information provided by the Association and that this amount may change in accordance with new maintenance fee requirements.

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

FINANCIAL INSTITUTION _____ PHONE _____

FINANCIAL ADDRESS _____ CITY _____ STATE _____ ZIP _____

ACCOUNT # _____ CHECKING SAVINGS BUSINESS BANK ROUTING # _____

This authorization is to remain in full force and effect until Investors Choice Association and Property Management Services LLC has received either written notification or the Association account is closed. Written notification must be from the owner, the Management Company, or the Association and must include desired termination date. Notification must be received in such time and manner as to afford Investors Choice Association and Property Management Services LLC and the Financial Institution a reasonable opportunity to act on it. NOTE: In case of revoked authorization Investors Choice Association and Property Management Services LLC must receive the notification in writing no later than 15 days before the next transaction effective date.

SIGNED X _____ DATE _____

OFFICE USE ONLY:

OWNER #: ASSOC ID # AMOUNT: \$ _____
FREQ. DATE REC'D 1st PMT. DATE