

ACH DEBIT AUTHORIZATION AGREEMENT
SUNDIAL

I hereby authorize **FLAGSTAFF MANAGEMENT, INC.** (herein "FLAGSTAFF") to initiate debit entries, as stated below, to my checking account identified below at the depository financial institution named below, herein called "**MY BANK**," and to debit the same to such account. I acknowledge that the authorization of ACH transactions and debit entries pursuant thereto to my account must comply with United States Law.

If MY BANK does not honor a debit entry for any reason including, but not limited to, insufficient funds, I remain liable for the amount of the debit entry, for all other assessments owed to the homeowners association to which I am subject, for a \$20.00 service charge upon my HOA account, and for any service fee charged directly to me by MY BANK.

YOU MUST PROVIDE THE FOLLOWING "MY BANK" ACCOUNT INFORMATION. You must include a VOIDED CHECK on the account deductions will occur from.

MY BANK INFORMATION

BANK NAME _____

CITY _____ STATE _____ ZIP CODE _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

I authorize a debit entry (deduction) every 15th of a calendar month, or on the Friday before if the 15th falls on a Saturday or Sunday. I agree that FLAGSTAFF may increase the deduction amount only reflect a permanent increase in my monthly HOA assessment. If any past due assessments are to be paid the deduction, once paid, I understand FLAGSTAFF will reduce the deduction amount to reflect my then current monthly HOA assessment amount or my zero account balance, as the case may be.

This authorization is to remain in full force and effect until FLAGSTAFF MANAGEMENT, INC., receives written notification from me of its termination. Such notification must be received by the 10th day of a calendar month to prevent the deduction on the subsequent 15th of a month.

HOMEOWNER SIGNATURE _____ DATE SUBMITTED _____

NAME _____ CELL PHONE _____

ADDRESS WITHIN COMMUNITY _____

MAILING ADDRESS _____

FOR OFFICE USE ONLY

ACCOUNT CODE _____

ENTERED _____