AUTHORIZATION AGREEMENT FOR

AUTOMATIC DEBITS (ACH)

CONDO. ASSOCIATION

(Name of Your Condo. Association)

| Pate |
|--|
| rint Name |
| Address |
| City/State |
| (we) hereby authorize John P. Carroll Co., Inc. (hereinafter called COMPANY), to initiate debit entries and to initiate, if necessary credit ntries and adjustments for any debit entry in error to my (our) account adicated below; and the financial institution named below, (hereinafter alled DEPOSITORY), to debit and/or credit the same to such account. This atthority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such nanner as to afford COMPANY AND DEPOSITORY reasonable pportunity to act on it. |
| Tame of Financial Institution |
| Ty Checking Account# |
| ignatureDate |
| YOU MUST ATTACH A VOIDED CHECK HERE (NO DUPLICAT |
| CHECKS WILL BE ACCEPTED!) |

Return this form and VOIDED CHECK to: The John P. Carroll Company 29250 W. 9 Mile Road Farmington Hills, MI 48336

NOTE: Automatic Withdrawal will start approximately 60 days after we receive your completed form. Until then your Association payments must be made manually.