INTEGRA CONDOMINIUM ASSOCIATION MANAGEMENT, INC.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize ***UOA of COTTAGE CREEK CONDOMINIUM***, hereinafter called Company, to initiate debit entries to my (our) Checking Account/Savings Account indicated below at the depository financial institution named below, hereinafter called Depository, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

All ACH drafts will occur on or about the 5th business day of each month. *A separate authorization form and void check will be required for each unit owned.*

Please return a void check and this authorization to:

> INTEGRA Condominium Association Management, Inc.
> P.O. Box 31936
> Bellingham, WA 98228

Bank Name: _____
            U.S. Branches only

Branch: _____   City: _____

State: _____   Zip: _____

Routing Number: _____

Account Number: _____

_____ Personal Checking   _____ Business Checking   _____ Savings

Date of first Deduction: _____ 5, 20_____
                        Month   Yr
 (Form must be received a minimum of 10 days prior to the end of the month preceding the starting month to be
 effective, example: Form must be received by January 20th to be effective for a February 5th deduction.).

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its' termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it. Further, authorization is given to allow for the amount to be increased/reduced in conjunction with the annual membership ratification of the Budget/General Dues Assessment.

Bldg #: _____   Unit #: _____   Amount: _____
                                                                        U.S. Funds only

Name: _____   Date: _____

Signature: _____