

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

I (we) hereby authorize **SUHRCO Residential Properties, L.L.C.**, hereinafter called **COMPANY**, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account on the **fifth** day of each month.

**DEPOSITORY** - (Name & Address of authorizer's bank/credit union)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please include a voided check to verify the following information:**

**TRANSIT/ABA NO.** \_\_\_\_\_ **ACCOUNT NO.** \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have 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.

The undersigned hereby agrees that the monthly deduction may be increased or decreased to pay the proper monthly assessment as approved by the Board of Directors. The undersigned also agrees and understands that this service is being offered only as a convenience by the COMPANY. The undersigned further agrees to indemnify, defend, and hold COMPANY harmless from any and all claims that may arise as a result of debit entries being made from their checking account.

NAME (S) \_\_\_\_\_ Property Name: Ellington, A Condominium  
(Please Print)  
Unit Number: \_\_\_\_\_  
Monthly Assessment: \_\_\_\_\_  
Start Date: \_\_\_\_\_

DATE \_\_\_\_\_ New ACH Setup   
SIGNED \_\_\_\_\_ Change Existing ACH

*Forms received in our office by the 25<sup>th</sup> of the month will be processed for the upcoming month's dues payment; forms received after the 25<sup>th</sup> of the month will be processed for the following month's dues payment.*

**Please return completed form with copy of voided check to:**  
**SUHRCO Residential Properties, LLC ■ 2010 – 156<sup>th</sup> Ave NE Ste 100 ■ Bellevue WA 98007**  
**Fax (425) 462-1943**