

Direct Payment Program

Authorization for Pre-Arranged Withdrawals from Depository Funds Institution (DFI) Account

I authorize LandArc to initiate withdrawals from my account at _____ for
(Your financial institution)

payment of assessments for _____ beginning _____
(Association's name) (Month/year)

and occurring at the frequency described in the bylaws of the Association.

This authorization will remain valid until I or LandArc or my financial institution, revoke it. If I revoke authorization, written notice must be given to LandArc at least thirty (30) days in advance of the effective date of the cancellation.

A withdrawal shall be made on the 5th day of the month or the next business day in the amount of my assessment fees. These withdrawals may be made electronically and under the Rules of the Michigan Automated Clearing House Association.

Bank ABA/Routing & Transit #: _____
Account #: _____
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____

I can suspend payment of an assessment by notifying LandArc at any time prior to 4:00 p.m. three (3) business days before the payment is scheduled to be deducted from my account. I understand that authorization will terminate upon three (3) continuous months of rejected payments or a total of six (6) rejected payments within a 12-month period. LandArc assumes no responsibility for rejected or dishonored payments.

This authorization form is subject to change by LandArc upon thirty (30) days notice. I understand that the Direct Payment program is an alternative method of payment only and does not otherwise affect my rights or the rights of LandArc or my financial institution with respect to each other. I further understand that LandArc and my financial institution reserve the right to terminate the Direct Payment program.

Name: _____

Street address of unit: _____

Mailing address if different than above: _____

Phone number or e-mail address to confirm receipt of this form: _____

Authorized Account Holder Signature: _____ Date: _____

Joint Account Holder Signature: _____ Date: _____

Mail completed form and voided check to:

LandArc 2391 Pontiac Road Auburn Hills, MI 48326

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