INTEGRA CONDOMINIUM ASSOCIATION MANAGEMENT, INC.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize ***UOA CENTRE POINTE 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: _____

P.O. Box 31936
Bellingham, WA 98228
Telephone: (360) 656-5091 Fax: (360) 656-5093
integra@integra2183.com