

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY

I (we) hereby Atkinson Management Group LLC herein after called "Company," to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereinafter called "Depository," and to debit the same to such account for the purpose of collecting assessments for my community association. I (we) understand that this debit will occur on or about the 5th of each month in which assessment payments are due. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number (9 digits): _____ Account Number: _____

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.

Community Name: Sawyer's Mill Owners' Association

Name(s): _____
(Please print) (Please print)

Address of Property: _____

Signature(s): _____

Date: _____

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PLEASE RETURN FORM AND VOIDED CHECK TO:

Atkinson Management Group LLC.
361 Southport Circle, Suite 102
Virginia Beach, VA 23452

***** TO CANCEL THIS AGREEMENT IT MUST BE IN WRITING 5 DAYS BEFORE THE 5TH OF THE MONTH. *****