

**Automatic Electronic
Debiting Agreement**

I (we) hereby authorize the Association, through its Agent, Villa Management, Ltd. to initiate automatic electronic debit entries to my (our) account indicated below, and I (we) authorize the financial institution named below, hereafter called the "Institution," to charge sums due the Association to my (our) account. I (we) further authorize the Association to initiate credits to my (our) account, if any are due, and the Institution to deposit any such credits to my (our) account. That participating in the Automatic Electronic Debiting Agreement Program permits the Association to auto debit all sums accrued on my account, no matter the source, provided the right to charge such sums is permitted by the recorded Declaration of Restrictive Covenants, By-Laws, Rules or any applicable law.

This automatic electronic debiting agreement shall be effective upon receipt of this agreement by the Association Agent. The initial electronic debit to my (our) account shall be done on the third day of the month following receipt of this agreement (provided agreement is received by the 20th of the month) by the Association Agent. Thereafter, automatic electronic debiting of my (our) account shall be on the third day of each month unless that day falls on a weekend or holiday, in which case electronic debiting of my (our) account will take place on the next business day.

In consideration for having the convenience of automatic electronic debiting, I (we) agree to pay five (\$5.00) dollars per calendar year, regardless of when I (we) elect to have my (our) account become a part of the automatic electronic debiting system. (This rate is subject to change on January 1 of each calendar year without notice.) I (we) further agree that my account shall be electronically debited for the continuation of this service for subsequent calendar years, unless I (we) cancel this agreement by giving notice pursuant to the terms of this agreement.

This agreement may be cancelled by me (us) upon not less than thirty (30) days prior written notice by certified mail, return receipt requested. No refund will be issued upon cancellation. Further, if an account is held in joint ownership, a request to cancel by one joint owner shall be sufficient to cancel this agreement as to all other account owners.

I (we) further agree that this agreement shall be automatically cancelled should I (we) sell my (our) unit or change bank accounts. If I (we) change banks accounts and desire to return to the automatic electronic debiting system, I (we) agree to pay the Association the current fee for such service.

Further, if my (our) account shall have insufficient funds when the Association makes the automatic electronic debit, I (we) understand that I (we) will be subject to any and all bank charges and Association collection policies that apply at the time. Further, the Association shall have the right to cancel this agreement at any time without refund, if my (our) account has insufficient funds.

Notwithstanding anything to the contrary above, the Association shall have the right to cancel this agreement at any time. In such case, the Association shall issue you a prorated refund of your five dollar (\$5.00) charge based on the number of full months remaining in the calendar year of cancellation.

Should any provision of this agreement be found to be unenforceable, all other terms and provisions shall remain in full force and effect.

Dated this ____ day of _____, ____.

signature

signature

signature

signature

MF/01

Account Information Instructions:

1. Complete the form below. If your checking account is under joint ownership, all account owners must sign this form.
2. Attach an unsigned and voided check to this form, so the Association bank can verify data.
3. Keep a copy of this agreement for your records.
4. Return this completed form to:
Villa Management, Ltd.
P.O. Box 7110
Libertyville, IL 60048

Account Data

Association Name: _____

Unit Address: _____

Financial Institution's Name

Financial Institution's Address

Financial Institution's Transit/ABA Number

Your Bank Account Number

(Note: The ABA Number and your bank account number are printed across the bottom of your check.)

Printed Name(s)

Your Signature(s):

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

Your Phone Numbers: (home)

Your Phone Numbers: (work)

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____