

BARCLAY PARK ASSOCIATION

DIRECT PAYMENT PROGRAM FORM

Authorization for Pre-Arranged Withdrawals from a Depository Funds Institution

I authorize the Association to initiate withdrawals from my account at _____

for payment of my Barclay Park monthly assessments beginning _____ (month/year).

This authorization will remain valid until I *or* the Association *or* my financial institution revoke it in writing. If I revoke authorization, written notice must be submitted to the Association 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 monthly assessment fees per calendar month. These withdrawals may be made electronically and under the Rules of the Michigan Automated Clearing House.

Bank ABA/Routing & Transit #: _____

Your Account #: _____

Type of Account: Checking Savings Other: _____

I understand that the Direct Payment program is an optional method of payment. I further understand that the Association and my financial institution reserve the right to terminate the Direct Payment program. I can suspend payment of a monthly assessment by notifying the Association at any time prior to 4:00 PM 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. The Association assumes no responsibility for rejected or dishonored payments. This authorization form is subject to change.

Name: _____

Address: _____

Date: _____

(Authorized Account Holder's Signature)

Date: _____

(Joint Account Holder's Signature)

PLEASE ATTACH A VOIDED CHECK TO INITIATE FUND TRANSFERS.

Mail form and voided check to:

Meadow Management, Inc. 27780 Novi Road, Suite 110 Novi, MI 48377

Tel: 248-348-5400 Fax: 248-348-5960

Email: service@meadowmgmt.com Website: www.meadowmgmt.com