

EUGENE BURGER MANAGEMENT CORPORATION

5011 Meadowood Mall Way, Suite 200 Reno NV 89510

Tel 775.828.3664 Fax 775.828.2677

ACH Debit Program

Dear Homeowner:

The Association's banking institution has put together a tailored package to meet the needs of your Association and also provide convenient banking services to you as Association members.

ACH - Automatic payment will be available to all homeowners at no charge. Electronic transfer (also known as direct payment) allows the Association's bank to access an owner's bank account by computer. The cost of stamps, envelopes, and checks; the concern over lost checks or slow mail service; and the sanctity of one's personal time make direct payment features attractive and convenient for homeowners.

Your Association benefits as well, through improved cash flow, reduced delinquencies, reduced costs, and decreased bank service fees. In addition, this is an excellent way for frequent travelers to rid themselves of the worry of paying their Association fees on time. Those on fixed incomes or who have annuities deposited on a pre-set date each month will find direct payment to be a welcome advantage.

ACH PROGRAM - HOW TO GET STARTED

If you are interested in participating in this program, please fill out the attached form as follows:

1. Mark which account you'd like your funds withdrawn from, Checking or Savings.
2. Depository Name – Name of your bank or credit union.
3. Bank Routing #: First set of 9 digits at the bottom of your check.
4. Bank Account #: Bank account number that can be found at the bottom of your check.
5. Provide contact phone number(s) and email address(s) for us to contact you at in the event we have questions regarding your form.
6. Check which month you wish for your auto debit to take effect.
7. Date the form and provide your legal signature where noted.

SUBMITTING YOUR FORM

1. You can email this form to _____, for expedited processing (within 1 week).
2. Deliver via mail or walk in to: Eugene Burger Management Corporation at 5011 Meadowood Mall Way, Suite 200, Reno, NV 89502. **The processing could take up to 30 days to setup.**
3. Fax: EBMC - Attn: Accounting (775) 828-2677. **The processing could take up to 15 days to setup.**

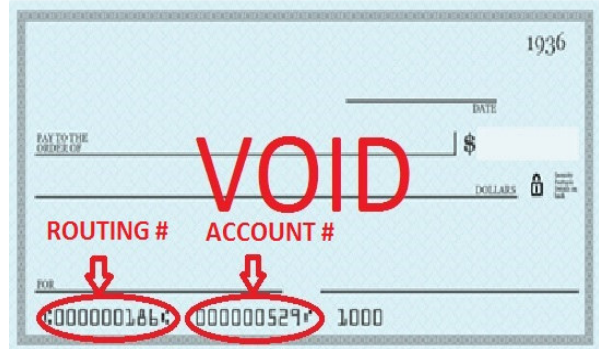
If you have any further questions or concerns please contact _____, or call our accounting department at (775) 828-3664.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Association Name: _____

I (We) hereby authorize _____, Hereinafter called ASSOCIATION, to initiate debit entries to my (our) **Checking Account**/ **Savings Account** (select one) 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.

Sample Check:



About the bank:

Depository (Bank) Name: _____

Bank Routing #: _____

Bank Account #: _____

(Please verify with your copy or voided check for proper Routing & Account #'s)

Name of Owner(s): _____

Contact Number(s): () _____ () _____

Email Address: _____

Unit Address(s): _____

ACH deduction of assessment will debit between the 5th and 10th of the month due and is to start in (check month):

January

February

March

April

May

June

July

August

September

October

November

December

This authorization is to remain in full force and effect until Association has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Association and DEPOSITORY a reasonable opportunity to act on it.

By checking this box and typing my name below, I am electronically signing my ACH form. I understand that an electronic signature has the same legal effect and can be enforced the same way as a written signature. (Only check if you are submitting this form electronically.)

Signature: _____

Date: _____

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.