

ACH DEBIT PAYMENT AUTHORIZATION FORM

I (We), name(s) _____

Address: _____

authorize Serene Creek Run Association to charge my (our) Bank Account on a recurring basis and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account. The charges will occur between the 2nd and the 6th of each payment month. I understand that the maximum charge is for the HOA base fee of \$75 per month per lot (\$900 for one annual payment). The HOA Fee amount and discount is subject to change in the future according to the provisions of the SCR Covenants, Conditions & Restrictions. If the monthly fee is ever raised above \$75 per month per lot (\$900 annually) a new ACH DEBIT PAYMENT AUTHORIZATION FORM will have to be submitted.

Please choose one of the payment options listed below:

____ Monthly (On 2nd day of each month) ____ Annually (On 2nd day of January)

Bank Information: ____ Checking Account ____ Savings Account

Bank Name: _____ Name(s) on Account: _____

Account Number: _____ Bank Routing Number: _____

Your email address for notifications of payments: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Association of any changes in my bank account information or termination of this authorization at least 15 days prior to the next payment date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that because these are electronic transactions, funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF) I understand that I am responsible for any NSF fee that the bank may charge the Association. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Signature(s): _____

Date: _____

Signature(s): _____

Date: _____

Return this completed and signed form to:

Serene Creek Run Association
PO Box 208
Forest, VA 24551