



Waterway Pines

**Condominium Association
Authorization Agreement for Preauthorized Payments**

I (we) hereby authorize Waterway Pines Condominium Association, hereinafter called the ASSOCIATION, to initiate debit entries to my (our) () Checking / () Savings account (select one) indicated below and the depository named below, hereinafter called the DEPOSITORY, to debit the same to such account. The amount authorized on a monthly basis for the year 20____, (\$_____) is to be debited on the 1st day of each month.

I (we) further authorize the ASSOCIATION to continue the automatic debit in future years the monthly dollar amount voted on by the ASSOCIATION BOARD and presented at the annual meeting. I (we) may discontinue this automatic debit agreement at any time by contacting the ASSOCIATION BOARD. I (we) understand it is my (our) responsibility to notify the board of any changes in my (our) account number or financial institution.

DEPOSITORY NAME _____
(name of institution where Co-owner account is held)

ROUTING NO. _____ ACCOUNT NO. _____
(First set of numbers on bottom of check)

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

NAME(S) _____
(both names if joint account)

DATE _____ SIGNATURE _____

DATE _____ SIGNATURE _____

Effective Date: _____

**Mail to:
Waterway Pines Condo Association
c/o Waveland Property Management
44 E. Lakewood Blvd.
Holland, MI 49424**