**DEBIT AUTHORIZATION**

I (we) hereby authorize Gleneagles Owners Association Inc, hereinafter called COMPANY, to initiate debit entries for (Application) to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit 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.

_____ _____

(Financial Institution Name) (Branch)

_____

(Address) (City/State) (Zip)

_____ _____ Type of Acct: ___Checking

(Routing Number) (Account Number) ___Savings

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

_____ _____

(Print Individual Name) (Signature)

_____ _____

(Print Account Number—e.g. MG1500) (Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM.**