

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: FALLS STATION CONDOMINIUM

COMPANY ID NUMBER: 54-1712676

I (We) hereby authorize FALLS STATION CONDOMINIUM hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below, and bank depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

(1) DEPOSITORY NAME _____ BRANCH _____ CITY _____

(2) TRANSIT/ABA # _____ (3) ACCT. # _____
(Contact your bank for this number)

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 in such manner as to afford COMPANY a reasonable opportunity to act upon the request. I further understand that payments will be deducted on the first of the month in which the assessment is due.

NAME(S) _____

ON-SITE ADDRESS(ES) _____

MAILING ADDRESS _____

Please See Direct Debit Rules before signing this agreement!

DATE _____ SIGNATURE _____

DATE _____ SIGNATURE _____

******* PLEASE ATTACH A VOIDED CHECK *******

****Deduction begins the first of the month about four (4) weeks from receipt of this authorization. You will receive a confirmation letter the week prior to the effective date.** Continue to mail in your payments until you receive the letter of confirmation!**

****Any items not completed may result in the return of your request.**

****You may call (703)532-5005, Ext. 35 with any questions.**

****Please fill in your current phone numbers:**

Office: _____ Home: _____

****Return to: Direct Debit Administrator
KPA Inc.
6402 Arlington Boulevard, Suite 700
Falls Church, VA 22042**

Rules for Direct Debit Program
(as of 10/01/2010)

By signing this form, you are agreeing to the rules of this program.

1. Please continue to mail in your payments until you receive a letter confirming the activation of your electronic program.
2. Forms must be received at Klingbeil, Powell & Alrutz, Inc. by the 10th of the month to be processed for a start date beginning the first of the following month.
3. You must attach a voided check from a checking account in order to participate in the program.
4. If you elect for the payment to be taken from a savings account, a letter from your Financial Institution providing the Routing and Transit number and Account Number must be submitted.
5. If payment is returned two times for any reason in succession, or, three times in any given calendar year, your enrollment in the Direct Debit Program may be terminated.
6. KPA must be notified in writing, 10 business days prior to the end of the month to discontinue the electronic payment from your account. This request may be faxed to (703)-532-5098, attn: Direct Debit Administrator.
7. If you would like to change the authorized Bank Account on file, you will need to complete a new enrollment form, going through the process described in item 1-3 above. Requests received at Klingbeil, Powell & Alrutz, Inc. on or before the 10th of the month will be reflected the next month.
8. Klingbeil, Powell & Alrutz, Inc. will only deduct the amount of your Association Assessment, and, Electric Assessment (if applicable).