

Slifer Management Company

Property Management & Leasing

TO: SLIFER MANAGEMENT COMPANY, INC.

AUTHORIZATION FOR DIRECT PAYMENT AUTOMATIC WITHDRAWAL FOR:

MILLER RANCH PROPERTY OWNERS ASSOCIATION; MILLER RANCH CONDOMINIUM ASSOCIATION AND
MILLER RANCH TOWNHOMES.

CHECKING ACCOUNT NO.: _____

OR SAVINGS ACCOUNT NO.: _____

ROUTING OR ABA NUMBER: _____

FINANCIAL INSTITUTION'S NAME: _____

Attach a voided check.

This authority is to remain in full force and effect until Slifer Management Company has received written notification from you of its termination in such time and manner as to afford Slifer Management Company a reasonable opportunity to act on it.

Signature _____

Full Name: _____

Street Address: _____

Mailing Address: _____

Telephone Number: _____

Email address: _____

Amount authorized to withdrawal from my bank account each month \$ _____

Month to start withdrawal _____

Home owners Association: _____ Unit # _____