

**AUDUBON TRAILS COMDOMINIUM AUTOMATIC PAYMENT AUTHORIZATION**

**I authorize Audubon Trails Condominiums Inc. to initiate entries to my checking / savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company (Audubon Trails Condominiums Inc.) a reasonable opportunity to act on it. I can stop payment on any entry by notifying my financial institution 3 days before my account is charged.**

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<b>(Name of Financial Institution)</b>	<b>(Branch)</b>	
<b>(City)</b>	<b>(State)</b>	<b>(Zip Code)</b>
<b>(Signature)</b>		
<b>(Name - Please Print)</b>		
<b>(Address - Please Print)</b>		
<b>(Account No.)</b>	<b>(Routing Number)</b>	

**On \_\_\_\_\_ I authorized Audubon Trails Condominiums Inc to initiate electronic entries to my checking / savings account for the purpose of the payment of monthly required association dues in the amount of 245 .00 Beginning on \_\_\_\_\_ . I have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by written notification to the association executive board treasurer. Return the completed form to the association's accountant (listed below), and retain a copy for your personal records.**

**Michael Goebel & Associates LLC  
211 N. Franklin St. Ste. 201  
Port Washington, WI. 53074**