

AUDUBON TRAILS CONDOMINIUM AUTOMATIC PAYMENT AUTHORIZATION

Name (Condo Owner) -please print

Address

Signature

Date

I authorize Audubon Trails Condominium Association 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, in such time as to afford the Company (Audubon Trails Condominium Association) a reasonable opportunity to act on it.

Name of Financial Institution

Branch

City

State

Zip Code

Routing Number

Account Number

Checking - or - Savings
Account Type (circle one)

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 Street, Ste. 201
Port Washington, WI 53074