

Agreement for Preauthorized Payments

Regime Property: _____ Unit #: _____

I(We) hereby authorize Atlantic States Management, Inc. to initiate debit and credit entries to my(our) bank account indicated below at the bank named below, hereinafter referred to as Depository, and the Depository to debit and credit the same to such account.

Bank Name: _____
(Depository)

City: _____ State: _____ Zip: _____

Bank Account #: _____

Account Type: Checking Savings Other: _____

This authorization is for the express purpose of paying REGIME FEES to the above named Regime Property Association and is to remain in full force and in effect until Atlantic States Management has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Atlantic States Management and Depository reasonable time to act on it.

Name: _____

Name: _____

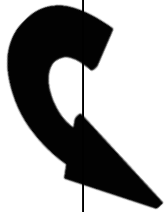
Signature: _____

Signature: _____

Date: _____

Date: _____

NOTE: All debit entries will be made on or about the 16th of each month. Funds not available on the 16th debit cycle will be subject to a **\$50.00** insufficient funds fee. A charge of **\$50.00** will be charged for each debit entry where funds are not available.



1001

Attach a **VOIDED** check from the account referenced above.
(Remember to write VOID across the face of the check)

|: 001001001 |:

Bank Routing #: _____

Atlantic States Management, Inc. • PO Box 7431 • Hilton Head Island, SC 29938 • 843-785-3278