

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: LAFAYETTE VILLAGE COMMUNITY ASSOCIATION, INC.

COMPANY ID NUMBER: 54-1243499

I (We) hereby authorize LAFAYETTE VILLAGE COMMUNITY ASSOCIATION, INC. 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 (below) 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:** EDGAR A.BLANCO c/o KPA, Inc.
6400 Arlington Boulevard, Suite 700
Falls Church, Virginia 22042

Rules for the Direct Debit Program

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 payments.
2. Forms must be received 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 payment is returned three times for non-sufficient funds within a year your account will be removed from the electronic payment program.
5. KPA must be notified in writing five business days prior to the end of the month to discontinue the electronic payment from your account. This notice may be faxed to (703) 532-5098.
6. If you would like to change the authorized Bank Account on file, you will need to fill out a new form and go through the process as though you were a first time participant. It may take up to 4 weeks to process the new account information.
7. KPA will only deduct the amount of your Homeowners Association Assessment. If you would like additional amounts to be debited from your account, you must notify us in writing.