Arlington Village Townhouse Association

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

PLEASE PRINT ALL INFORMATION

Instead of completing this form, you may include a voided check and date and sign the form

I (We) hereby authorize **Arlington Village Townhouse Association**, hereinafter called "ASSOCIATION", to initiate debit entries to my (our) {   } Checking or {   } Savings account (select one) indicated below at the depository financial institution named below, hereinafter called "DEPOSITORY", and to debit the same to such account.

DEPOSITORY NAME: _____   BRANCH: _____

CITY: _____   STATE: _____   ZIP CODE: _____

ROUTING NUMBER: _____   BANK ACCOUNT NUMBER: _____
(located on the bottom of your check)

This authorization is to remain in full force and effect until ASSOCIATION has received **written notification** from me (us) of its termination in such time and in such manner as to afford ASSOCIATION and DEPOSITORY a reasonable opportunity to act on it.

NAME(S): _____   ARLINGTON VILLAGE ACCOUNT NUMBER: _____

ADDRESS: _____

PHONE NUMBER: _____   EMAIL: _____

DATE: _____   SIGNED: _____   SIGNED: _____

PLEASE DELIVER TO: FAX 703-968-0936, EMAIL DNIEMI@SEQUOIAMGMT.COM
OR MAIL TO SEQUOIA MANAGEMENT COMPANY, 13998 PARKEAST CIRCLE, CHANTILLY VA 20151, ATTN: DANNY NIEMI