AUTHORIZATION FOR AUTOMATIC PAYMENT

* I authorize <u>Cottages at Legacy Village HOA</u> c/o Keller Properties, Inc. and the financial institution named below to initiate entries to my checking account. The authority will remain in effect until I notify you in writing to cancel it, in such time, as to afford the bank a reasonable opportunity to act on it. I can stop payment on any entry by notifying my bank 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my bank statement or 60 days after posting, whichever occurs first.

Please circle:	CHECKING ACCOU	NI or S	<u>AVINGS AC</u>	COUNT	
Name of Fi	nancial Institution				
Address of	Financial Institution	City	State	Zip Code	
* Signature (Required)			Date	
Name (Plea	se Print)				
Association	Address (Please Print)				
Daytime Phone		Evening Phone			
payment will be co Village Homeown	er's Association c/o Kelking account and agree to	ess day), I au ler Properties	thorize Cotta s, Inc. to init	ges at Legacy tiate electronic	
	Monthly Association F	² ee			

If payment amount changes, you will be notified prior to withdrawal. To cancel the Automatic Payment Authorization, please contact Keller Properties, Inc. prior to the 25th of the month. Please staple a voided check to this form and return to:

Keller Properties, Inc., 1895 East County Road E, White Bear Lake, MN 55110.