AUTHORIZATION FOR AUTOMATIC PAYMENT

* I authorize <u>Highpoint Ridge Homeowner's Association</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	N1 OF 5	AVINGS AC	COUNT
Name of F	nancial Institution			
		G!		7' 6 1
Address of	Financial Institution	City	State	Zip Code
* Signature (Required)			Date	
Name (Plea	ase Print)			
Address of	home at Highpoint Ridge (Please Print)		
Daytime Phone		Evening Phone		
payment will be o	f each month (if the 5 th completed on the next bus ociation c/o Keller Proper and agree to the terms listed	iness day), I a	uthorize Hig tiate electroni	c entries to my
	Monthly Association I	Fee		

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.