

BOARDWALK CITIHOMES, INC.

c/o Smith Accounting Services
840 Lake Street E, Suite 200
Wayzata, MN 55391
952-473-0395

ALL: Boardwalk CitiHomes Inc.

If you are interested in Direct Payment of your Monthly Dues, please complete the attached form as soon as possible and return it to us on or before *the 26th of the month* to begin Direct Payment on *the 1st business day of the next month*. Any Authorization Forms received after *the 26th* will be delayed by a month.

THE WITHDRAWAL FROM YOUR ACCOUNT WILL ALWAYS OCCUR ON THE 1ST BUSINESS DAY OF THE MONTH.

A fee of \$25.00 will be charged to your account for each direct payment returned for non sufficient funds. Two (2) returned direct payments in any twelve (12) month period will result in your discharge from the Direct Payment program.

Please send the signed completed form with a voided check for the account you want the withdrawal to be taken from to the following address:

Boardwalk CitiHomes Inc.
C/o Smith Accounting Services
840 Lake Street E, Suite 200
Wayzata, MN 55391

IF YOU HAVE A BALANCE DUE ON YOUR ACCOUNT YOU MUST PAY THAT BALANCE BEFORE WE WILL START AUTOMATICALLY DEDUCTING DUES FROM YOUR ACCOUNT.

If you have any questions feel free to call me at 952-473-0395.

Thank you.

Sincerely,
Sandy Danks
Smith Accounting Services
Finance Mgrs. For Boardwalk CitiHomes

BOARDWALK CITIHOMES, INC.

c/o Smith Accounting Services
840 Lake Street E, Suite 200
Wayzata, MN 55391
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AUTHORIZATION FOR DIRECT PAYMENT

I authorize Boardwalk Citihomes Association and its Agent, Smith Accounting Service and the financial institution named below to initiate entries to my checking account. The first direct payment will take place on the 1st business day of

_____.
(month you want your payment to start)

This authorization will remain in effect until I notify the association in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three (3) business days before my account is charged.

(Name of My Bank/Financial Institution) (Branch)

(Signature) (Date) (Name – Please Print)

(Address – Please Print) (Phone Number)

Account Number _____ Checking: _____ Savings _____

Please attach a voided check here: NOT A DEPOSIT SLIP

**THIS FORM MUST BE RECEIVED BY the 26th of the month TO BE
EFFECTIVE FOR requested month. IF RECEIVED AFTER 26th, YOUR
FIRST WITHDRAWAL WILL BE DELAYED BY ONE MONTH.**

Please return to: Boardwalk Citihomes Association
C/o Smith Accounting Services
840 Lake Street E, Suite 200
Wayzata, MN 55391