

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)

COMPANY Association Management, Inc.
 NAME As Agent for Willoway Condominiums Association

I hereby authorize Association Management, Inc., as agent for Willoway Condominiums Association, hereinafter called COMPANY, to initiate debit entries to my account indicated below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME _____	BRANCH _____
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CITY _____ STATE _____ ZIP _____

TRANSIT/ABA # _____	ACCT # _____
TYPE OF ACCOUNT _____	Checking/Savings

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME _____

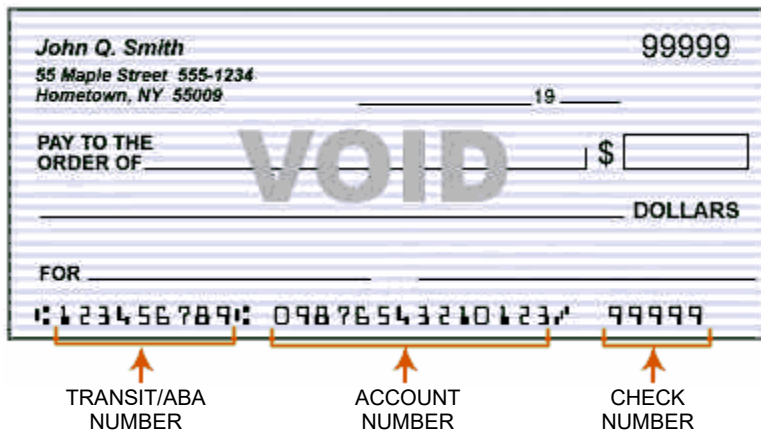
ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE _____ Signature: (X) _____

Unit # _____ Phone # _____

Mo. Pymt Amt. _____ Effective _____ / _____ / _____
 \$ _____ Date: _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM.



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For ami Office Use Only

Entered in System _____ / _____ / _____ by: _____