

ISLAND POINTE MARINA CONDOMINIUMS

Automatic Bill Payment Plan Enrollment Form

I _____, authorize Gardner Management Company to debit my account at the financial institution listed below, in the monthly amount of _____ for the automatic payment of my account balance. I have selected to have my payment drawn from my account between the fifth and the seventh of the month. I also authorize Gardner Management Company, if necessary, to make credit entries and/or adjustment entries to the account number at the financial institution listed below for any transactions transmitted in error that would result in my receiving funds that I am not entitled to. Additionally, I have read, and agree to, all terms and conditions that are listed on the reverse side of this enrollment form. This authorization shall remain in force and effect until Gardner Management Company receives written notice from me of its termination, and has reasonable time to act upon my request.

CUSTOMER INFORMATION		
CLIENT NAME		
BANK ACCOUNT NUMBER		
ABA or TRANSIT/ROUTING NUMBER		
ACCOUNT TYPE: Circle One		Checking Savings
FINANCIAL INSTITUTION NAME		



PLACE *VOIDED* CHECK OR DEPOSIT TICKET HERE



Signature

Date

ISLAND POINTE MARINA CONDOMINIUMS

Automatic Bill Payment Plan Agreement

I/We hereby agree that:

1. My monthly rate may change at any time with thirty- (30) days advance notice.
2. My account payment will be drawn between the fifth and the seventh of every month.
3. If I have two (2) payments denied by my bank for any reason, the Automatic Bill Payment Program will no longer be available to me. Additionally, I understand that a returned item fee of \$25.00 may be assessed to me for any item returned by my bank as unpaid.
4. It is agreed and understood that all withdrawals will be made electronically from my account, under the rules of the Michigan Automated Clearing House Association (MACHA).
5. Should it become necessary, I agree to follow the cancellation procedure to withdraw from the Automatic Bill Payment Program as outlined in the paragraph below.

Withdrawing From The Automatic Bill Payment Program

1. I understand that cancellation of this agreement is to take place between Gardner Management Company and me.
2. My cancellation request must be made in writing. I may choose to do one of the following:
 - A. Send a letter stating that you wish to withdraw from the Automatic Bill Payment Plan. Your letter must contain a termination date, customer account number, and your name.
 - B. Contact Gardner Management Company, in person or by telephone, and request that an Automatic Bill Payment Cancellation Form be sent to you to complete. After completing the form, return it to the following address:

Gardner Management Company
Attn: Sharon Kienzle
5770 Venture Park
Kalamazoo, MI 49009
(800) 323-7740 Fax (269)323-7778

3. Should you have any questions about completing the Automatic Bill Payment Cancellation form, please contact Sharon Kienzle at Gardner Management Company at the telephone number listed above.