

Countryside Asset Management Corporation

Homeowner
Renaissance Community Association

Dear Homeowner,

We are pleased to provide you with the option of having your quarterly assessments automatically debited from your checking account, thus eliminating the need for you to write a check every quarter. Countryside Asset Management will continue to send you quarterly statements showing the amount due for that quarter. On about the first day of each quarter, never before the first, we at Countryside would initiate a transaction with our bank, 1st Bank of Boulder, which would automatically deduct the amount of your assessments from your checking account and deposit it into the Association's bank account. Your bank statement would clearly indicate the amount that has been paid and there is no cost to you for this service.

To take advantage of this program please complete the enclosed authorization form, attach a voided check, and return it to us at your earliest convenience. To implement this service we will need your completed authorization form one month prior to the beginning of the quarter. If at any time you wish to terminate this service, you can simply notify us to that effect.

We hope that you will take advantage of this service and if you have any questions, please do not hesitate to contact our office at 303-530-0700 x119.

Sincerely,

Countryside Asset Management Corporation

Authorization Agreement for Direct Charge (ACH debits) of Association Assessments

I (we) hereby authorize Countryside Asset Management Corporation, as trustee for The Renaissance Community Association, herein called COMPANY, to initiate debit entries to my (our) checking account indicated below at the depository named below, hereafter called DEPOSITORY, for payment of quarterly assessments due the association.

Bank name _____

Bank Address:
City _____

State _____ Zip _____

Routing Number _____

Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Homeowner Identification Number: _____

Name(s) _____
(please print)

Signed _____ Date _____

Signed _____ Date _____

PLEASE ATTACH A VOIDED CHECK HERE TO ASSIST WITH VERIFYING BANK INFORMATION