



MEMORANDUM

To: Homeowners
From: Edward B. Shew, PCAM®, AMS®, CMCA®, Community Manager
Re: **Automatic Direct Payments**
Date: January 26, 2006

Effective April 1, 2004, Automatic direct payments, often called **Automated Clearing House, or ACH**, are now available to you. Once established, the ACH system allows you to pay your monthly association fee without any action on your part, including writing checks and postage. The ACH system will automatically withdraw your monthly association fee from your bank account and deposit it into your association's bank account at The 1st National Bank of Chester County on or about the 3rd business day following the due date of your fee. Your deposits will continue to go directly into a separate account and earn interest for the association, as is the case now. You will also continue to receive all of the same association mailings that you do now. **In fact, the only thing that changes is your writing a check.** We will continue this service until we receive written instructions from you to terminate.

The ACH service is convenient and beneficial

- ✓ Set it up and forget about it
- ✓ Save money by eliminating postage and envelopes
- ✓ Eliminate the hassle of monthly check writing
- ✓ No more deadline reminders or worries about late fees
- ✓ No fees for this service from the management office. It is unlikely that your bank will charge fees either

If you are interested, complete the enclosed Authorization for Direct Debit form and forward it to the management office. A self-addressed envelope is enclosed for your convenience. **A voided check must accompany the form.**

If you have any questions or concerns, please do not hesitate to contact our office at 610-696-1374.

A COMPLETED AUTHORIZATION FOR DIRECT DEBIT FORM MUST BE RECEIVED AT LEAST 10 DAYS IN ADVANCE OF THE MONTH IN WHICH ACH IS ACTIVATED, OTHERWISE, CONTINUE TO PAY YOUR MONTHLY FEE BY CHECK. PLEASE INDICATE ON THE FORM WHICH MONTH YOU DESIRE TO BEGIN ACH PAYMENTS.

ACH START MONTH

AUTHORIZATION FOR DIRECT DEBIT
THE CROSSINGS @ EXTON STATION
SECTION 1. CUSTOMER INFORMATION

NAME		
ADDRESS (Street, route, P.O. Box)		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER ()	ASSOCIATION NAME	

I hereby authorize the management office to debit funds from the account at the FINANCIAL INSTITUTION designated below. I understand that this debit will occur on or about the 3rd business day following the due date of the monthly association fee. This authorization will remain in effect until I initiate, in writing, a stop action request in such time and in such manner as to allow the management office a reasonable opportunity to act upon it. I agree to notify the management office if I wish to change the designated FINANCIAL INSTITUTION or account from which the funds are to be debited from at least 30 days prior to the effective date of such change. I understand that failure to do so may delay the management's receipt of funds and that I will be responsible for any resulting late fees or returned item fees.

SIGNATURE	DATE
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SECTION 2 FINANCIAL INSTITUTION INFORMATION

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER	CHECK DIGIT
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	TYPE OF DEPOSIT ACCOUNT	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
	BANK ACCOUNT NUMBER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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A VOIDED, BLANK CHECK MUST ACCOMPANY THIS AUTHORIZATION