

CIMARRON PONDS

Homeowners Association Inc.

Sharper Management: Accounting

10340 Viking Drive, Suite 105

Eden Prairie, MN 55344

952-224-4777

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 10th of the month before* you would like your Direct Payment to begin. Withdrawals are made on *the 5th of the next month*. If it is after the 10th of the month and you would like ACH to begin in the current month, you must contact the Sharper accounting department at 952-224-4777.

THE WITHDRAWAL FROM YOUR ACCOUNT WILL ALWAYS OCCUR ON THE 5TH OF THE NEXT MONTH. IF THE 5TH HAPPENS TO FALL ON A WEEK-END, PAYMENT WILL BE PULLED ON THE FOLLOWING MONDAY.

A fee of \$25.00 will be charged to your account for each direct payment returned for non-sufficient funds.

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:

Cimarron Ponds Homeowners Association

c/o Sharper Management: Accounting

10340 Viking Drive, Suite 105

Eden Prairie, MN 55344

Phone: 952-224-4777

Fax: 952-224-4776

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 please call the listed office number.

ACH/EFT CREDIT/DEBIT AUTHORIZATION FORM

I (Hereinafter "Participant") hereby authorize Sharper Management (Hereinafter "Sharper") to initiate entries to my checking/savings account at the financial institution listed below (Hereinafter "Financial Institution"), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Sharper is notified by me in writing to cancel it in such time as to afford Sharper and the Financial Institution a reasonable opportunity to act. Completion of this form does not guarantee that transactions will be done electronically. **Any additional charges, outside of your regular Association Dues, cannot be pulled without contacting accounting to provide additional consent.**

Participant's Name as Appears on Bank Account: _____

Participant's Current Mailing Address: _____

Participant's Email Address (for notification of payment): _____

Name of Participant's Financial Institution: _____

Participant's Bank Account Type (circle one): Checking / Savings

Participant's Financial Institution Routing Number: _____

Participant's Bank Account Number: _____

ACH forms must be received at the Sharper Management office by the 10th of the month for ACH to begin in the current month. If the ACH form is received at the Sharper Management office after the 10th of the month ACH will begin the following month. If it is after the 10th of the month and you would like ACH to begin in the current month you must contact our accounting department at 952-224-4777.

Participant's Signature: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK