

SHOREWALK COMMUNITY, INC
P.O. BOX 20630
INDIANAPOLIS, IN 46220
(317) 594-5720 X22 JESSICA
Fax 594-5717

AUTOMATIC PAYMENT AUTHORIZATION

I hereby authorize Shorewalk Community, Inc. to initiate debit entries in the amount of my monthly assessment fee amount stated by the Board of Directors and any Special Assessments as stated by the Board of Directors from the account holders:

_____ Checking Account

_____ Savings Account

On the tenth business day of each month (or the next business day if the 10th falls on a weekend or holiday) subsequent to the date of signing this formal authorization form.

Debit Purpose Homeowner Association Fee

Account Holders

Address

Phone Number

This authorization will remain in full force and effective until Kirkpatrick Management Co. Inc., for Shorewalk Community, Inc. receives written notification from the account holder(s) of its termination. The account holder(s) must contact Kirkpatrick Management directly, with instructions to block all or stop pay of pre-authorized transfer. ****Or prevailing assessment as determined by the Board of Directors, pursuant to covenants. Written notification of change in fee will be provided prior to withdrawal.**

A Blank Voided Check Must Accompany This Form.

Signature of Account Holder and Date

Signature of Account Holder and Date

As this authorization does not include Boat Dock Maintenance Fees you will have to remit payment for these fees.

“THIS AUTHORIZATION MUST BE RECEIVED BY THE 20TH OF THE MONTH TO BE PROCESSED FOR AUTOMATIC WITHDRAWAL THE FOLLOWING MONTH.”