Mail form to:
R. Menden Accounting
Attn: Roger Menden
1275 Ramsey St, Ste 100
Shakopee, MN 55379

OR

Fax form to:
952.4496.0165

RE: Westridge Lake Estates Homeowners Association

Authorization for Debit and Credit Electronic Funds Transfers

I hereby authorize on this_____ day of _____, _____ my employer and/or third party as referred to here within, and their agents including Intercept Corporation (IC), to initiate electronic withdrawals and/or deposits to the bank account shown below. I understand that adjustment and/or reversing entries may be made to this account to insure an accurate and balanced accounting of all transactions. This authorization will remain in effect until;

a) **I notify my Bank and IC in writing to terminate this agreement and give the Bank and IC reasonable time to terminate this agreement,**
b) **The Bank, third party/employer, and/or IC have sent me five (5) business days advance written notice of the Bank's and/or IC's termination of this Agreement**

I understand that any cancellation in writing will become effective no earlier than five (5) business days after the day the last transaction has cleared and there are no outstanding balances to the account.

I UNDERSTAND THAT INTERCEPT CORPORATION PROVIDES ELECTRONIC FUND TRANSFER SERVICES TO THIRD PARTIES AND/OR MY EMPLOYER. THE FUNDS TO BE TRANSFERRED MUST BE COLLATERALLY FUNDED AND ARE FULLY GUARANTEED BY MY EMPLOYER AND/OR MYSELF. IN THE EVENT THE FUNDING FOR A TRANSFER IS RETURNED FOR ANY REASON OR INTERCEPT HAS BEEN PROVIDED INCORRECT INFORMATION AND/OR HAS ERRONEOUSLY TRANSFERRED FUNDS TO MY ACCOUNT, I AUTHORIZE INTERCEPT CORPORATION TO WITHDRAW/REVERSE FROM MY ACCOUNT THE AMOUNT OF FUNDS TRANSFERRED IN ERROR. I ALSO UNDERSTAND THAT IC MAY WITHDRAW AND/OR DEPOSIT TO MY ACCOUNT VARIOUS FUNDS REGARDING MY PARTICIPATION IN A FLEXIBLE BENEFIT/CAFETERIA PLAN/ERISA PLAN. I HEREBY HOLD INTERCEPTEFT HARMLESS FOR TRANSFERRING ANY FUNDS DESIGNATED FOR FLEX BENEFITS UPON THE DIRECTION OF MY EMPLOYER OR PROCESSOR, AND THAT MY REMEDY FOR ANY ERRONEOUS TRANSFERS IS SOLELY AGAINST THE PROCESSOR AND/OR MY EMPLOYER AND THAT I WILL HOLD HARMLESS INTERCEPTEFT FROM ANY LIABILITY AND DAMAGES RESULTING THEREFROM.

Electronic Funds Transfer (15 U.S.C. § 1693): I hereby acknowledge receipt of notice by the financial institution described here within of the undersigned's liability for an unauthorized electronic fund transfers, duty to promptly report such unauthorized transfers, charges for electronic fund transfers, the right to stop payment of pre-authorized electronic fund transfers, procedure to initiate such stop payment orders, the right to receive documentation of electronic fund transfers, and the Bank's liability pursuant to the Electronic Funds Transfer Act found at 15 U.S.C. § 1693, et al.

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Limitation of Action: The undersigned acknowledges that it has 60 days from the date of a withdrawal or deposit to the undersigned's account to dispute the withdrawal or deposit by the undersigned contacting my employer and Intercept Corporation by telephone and later supplemented in writing, or in writing of any discrepancies, errors or disputes concerning any transfer of funds to or from any account processed by Intercept. This will include but not limited to, errors in amounts, erroneous transactions, or other transactions processed. All written notices must include the following information:

a) The name of the company with whom the undersigned authorized the transaction, i.e., employer and/or third party;
b) Federal Taxpayer ID number of the company authorized to make the transaction;
c) Federal Taxpayer ID number of the undersigned;
d) The name of the undersigned;
e) The name, account number and ABA number on the transaction in question;
f) The dollar amount of the transaction in question; and
g) Description of the error and explanation of the error.

Your employer, its agent, or IC will inform you of the results of their investigation within then (10) days of the receipt of the complaint and will correct any error promptly. If your employer, and/or its agent, or IC need more time, I understand that IC may take up to 45 days to investigate the undersigned's complaint. For transfers initiated outside the United States or transfers resulting from point of sale or debit/access cards, the time periods for resolving errors will be 45 days and 90 days respectively.

Undersigned's Name _____ Date _____

Financial Institution _____ Branch _____

City _____ Phone Number _____

Routing (ABA) Number | | | | | | | | | | Account Type: Checking □ Savings □ | | | | | | | | | | | | | | | | | | | | |

Routing (ABA) Number | | | | | | | | | | Account Type: Checking □ Savings □ | | | | | | | | | | | | | | | | | | | | |

Undersigned's Signature _____ NOT NECESSARY Social Security Number

Please attach to this authorization a voided personal check for verification of all checking account information.