

## DIRECT PAYMENT PLAN AUTHORIZATION AGREEMENT

By signing below, I (we) authorize DNI Properties, Inc. (DNI) on behalf of my Community and the bank named below to initiate monthly withdrawals from my (our) account for the purpose of paying the monthly maintenance fee. This authority will remain in effect until I (we) notify DNI in writing at least 10 business days before my (our) account is charged.

I (we) understand that if the necessary funds are not on deposit in the account on the first of the month, a late fee will be assessed based upon my Communities' late fee policy. I (we) shall be liable for any expenses incurred by my Community subsequent to the funds not being available for withdrawal. My Community reserves the right to discontinue providing this service in the event the funds are not available for two consecutive monthly withdrawals.

My **monthly** assessment will be deducted from the financial institution and the account identified below on or around the first of the month.

I authorize the financial institution named _____ to charge my	
_____Checking or Share Draft Account	_____Savings Account (not passbook)
Name of Bank Account Holder _____	
Bank Account Number _____	
Bank Routing Number (9 digits, starting with a 0, 1, 2 or 3) _____	
and remit payment for my Community Assessments to:	
	(Community Name) _____
	c/o DNI Properties, Inc. 662 Office Parkway Creve Coeur, MO 63141
Authorized Signature _____	
Date _____	

### Mail this form with your voided check to:

DNI Properties, Inc.  
662 Office Parkway  
Creve Coeur, MO 63141

Physical Address at my Community: \_\_\_\_\_

Effective Month of first ACH Withdrawal: \_\_\_\_\_

**For assistance, please call 314-576-0700 and ask for Accounting.**