



DNI Properties, Inc.
"Experience Leading Your Way"

Office Use Only
Unit # _____
Amount _____

ACH DIRECT PAYMENT PLAN AUTHORIZATION AGREEMENT

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

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

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

Name of Community Association _____
Physical Address of Property _____
Daytime Phone _____ E-mail _____
I authorize DNI to charge the following financial institution account:
Name of Account Holder(s) _____
Name of your Financial Institution _____
Account Type: <input type="checkbox"/> Checking or Share Draft Account <input type="checkbox"/> Savings Account (not passbook)
Financial Institution Account Number _____
Routing Number (9 digits, starting with a 0, 1, 2 or 3) _____
Authorized Signature _____
Date _____ Effective month of 1 st ACH Withdrawal* _____
* Note that your completed form must be received by DNI Properties by the 20 th of the month for your ACH withdrawal to begin the following month.

Mail this form with your voided check to:

DNI Properties, Inc.
662 Office Parkway • St. Louis, MO 63141

For assistance, please call 314-576-0700 and request to speak with an Accounting representative.