



RAVENEL ASSOCIATES, INC.
AUTHORIZATION AGREEMENT FOR AUTOMATIC ACH DEBITS

I (we) hereby authorize Ravenel Associates, Inc., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) __ Checking __ Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY
NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ (9 digits) ACCOUNT NO. _____

Association/Regime Name _____

Unit Address _____ Association Account Number _____

This authority is to remain in full force until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____

DATE _____ SIGNED X _____

PLEASE NOTE:

- ACH debits will be processed between the 1st and 5th of the month dependent upon the schedule of the due date determined by your Association/Regime. Authorization forms and/or cancellation requests must be received by the COMPANY no less than 7 days prior to the 1st day of the month that you request the ACH debit to start/end.
- Your account must have a zero balance prior to requesting this service. Authorization forms submitted for accounts with the current period's charges/assessments or previous balances due will not be processed.

PLEASE ATTACH EITHER A VOIDED CHECK OR A COPY OF A VOIDED CHECK TO EXPEDITE THIS REQUEST.

Please return completed form to:
Ravenel Associates, Inc.
3690 Bohicket Road, Ste. 1-B
Johns Island, SC 29455