

Bluestone Management Services

ACH Authorization Form

Credit/Debit Authorization Form:

Unit# _____

I, the undersigned, do hereby authorize Bluestone Management Services, LLC ("Management") to initiate recurring debit entries for the amount sufficient to pay the required monthly Association dues as required by the Trails of Boone Creek Condominium Association ("Association") to my account at the financial institution listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. This authority will remain in effect until management is notified by me in writing which shall specify the date on which the cancellation is effective and shall be at least fourteen (14) days prior to the date of cancellation in order to afford the association and the financial institution a reasonable opportunity to act on it.

I am a duly authorized check signer on the financial institution account identified below, and authorize all of the above as evidenced by my signature below.

Name: _____ Date: _____

Address: _____

Phone: _____

Name of Financial Institution _____

Address of Financial Institution _____

Financial Institution Routing Number _____

Financial Institution Account Number _____

Signature _____

Please mail a blank voided check along with a signed copy of this form to:

Bluestone Management Services

P. O. Box 665

Cary, IL 60013