Return to:

PENCO Management, Inc.

Attn: Accounting Dept.

P. O. Box 1119

Chadds Ford, PA 19317

## AUTHORIZATION OF DIRECT DEBIT FOR PAYMENT OF HOMEOWNER ASSESSMENTS

Section 1: Homeowner Information		
Association Name:	Williamsburg Community Asso	ciation, Inc.
Homeowner Name:		Telephone ()
Address:		
Email:		1
For PENCO Use Only:		
Section 2: Action Requested		
PLEASE CHECK O	ONE:	EFFECTIVE DATE:
START DIRECT	r debit	
= ' '	INANCIAL INSTITUTION	
<ul> <li>CHANGE MY A</li> </ul>	ACCOUNT NUMBER	
• STOP DIRECT	DEBIT	<del></del>
Section 3: Authorization Certification		
Homeowners Association from my account indicate same to such account with	n Assessments, INCLUDING SPECIA ed at the Financial Institution designat hout responsibility for correctness of su	
This authorization will remain in effect until I initiate the required stop action in such time and in such manner as to allow PENCO Management, Inc., Agent, a reasonable opportunity to act upon it.		
I agree to notify PENCO which my Homeowners change. I understand that	Management, Inc., Agent, if I wish to Association Assessments are to be det failure to do so may delay that action.	change the designated Financial Institution or Account Number to bited by the 15 <sup>th</sup> of the month prior to the effective date of such
HOMEOWNER SIGNA	TURE	DATE
Section 4: Financial Institution Information		
NAME OF FINANCIAL	, INSTITUTION	
ADDRESS		
ROUTING NUMBER		
please verify the routing number with your Financial Institution.)		
CHECKING ACCOUNT NUMBER (VOIDED CHECK ATTACHED		