

Affinity Group Inc.
4800 Meadows Road, Suite 300, Lake Oswego OR 97035

Tim Benintendi
Property Manager
503-635-4455 Direct
503-699-7178 Fax

HOMEOWNER AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Association Name: _____

Homeowner Address: _____

Homeowner Code Number (from statement): _____

Account Holder Name(s): _____ Date: _____

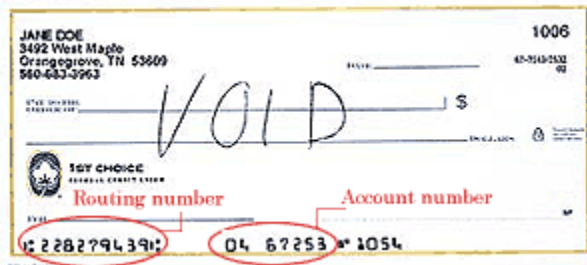
Daytime Telephone Number: _____

Type of Account (Check One) Checking: _____ Savings: _____

I/We authorize the above Association to charge my/our checking account at the financial institution indicated on my/our voided check for the payment of my/our monthly association dues on or about the 10th of each month.

I/We understand that these assessments may change periodically, and that the above named Association will provide such changes to Pacific Continental Bank.

PLEASE ATTACH A VOIDED CHECK (with preprinted name and address) FROM THE BANK ACCOUNT THAT WILL BE CHARGED.



Attach check here

I/we represent and warrant to Pacific Continental Bank that the undersigned are all signers required to transact business on said deposit account and understand that electronic transactions on said account will be governed by the terms of my/our deposit account terms and disclosure. This authorization is to remain in full force and effect until Affinity Group Inc. has received written notification from me of its termination in such time and in such manner as to afford Affinity Group Inc. and Pacific Continental Bank a reasonable opportunity to act on it or no less than 15 days.

Signature(s) _____

MAIL THIS FORM TO:

Affinity Group Inc.
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