

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS) AND
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize Vail Associates/Vail Summit Resorts hereinafter called COMPANY, to initiate credit and/or debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit or debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository
Name _____ Branch _____

City _____ State _____ Zip _____

Bank ABA Routing Account
Number _____ Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such a time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. It is understood and agreed, however, that termination of such authorization in no way relieves either party of any financial obligation it may have to the other under the terms of the property management agreement signed by both parties.

The below authorization must be completed by all signers on the checking or savings account.

Name _____ Unit Number(s) _____
(Please print)

Date _____ Signature _____

Name _____ Unit Number(s) _____
(Please print)

Date _____ Signature _____

NOTE: ALL WRITTEN CREDIT OR DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE RETURN COMPLETED FORM AND VOIDED CHECK TO:

Vail Resorts
HOA Accounting
390 Interlocken Crescent, Suite I-795
Broomfield, CO 80021

303-404-1128 FAX

This process will be in effect after the first billing cycle. Please note, if you are switching or closing accounts, this will also take one billing cycle to be in effect.