

DO NOT FILL OUT THIS FORM IF YOU ARE ALREADY ON THE DRAFT PROGRAM!!!

**ATALAYA TOWERS INTERVAL
AUTHORIZATION AGREEMENT
MONTHLY DRAFT PAYMENTS
(ACH PREAUTHORIZED PAYMENTS)**

I hereby authorize Defender Resorts, Inc., the agent for Atalaya Towers Interval, to initiate recurring debit entries along with any adjusting entries, either debit or credit, in the event of necessary correction(s), to my Checking _____ or Savings _____ account as indicated below:

FINANCIAL INSTITUTION NAME *CITY* *STATE*

TRANSIT/ROUTING NUMBER *ACCOUNT NUMBER*

I understand that this authorization will be in effect until I notify Defender Resorts Inc., in writing, that I no longer desire this service, understanding and permitting reasonable time to act on such notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

In the unlikely event of an erroneous debit entry charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to give my financial institution a written notice identifying the entry, stating that it is in error, and requesting credit back to my account. I will provide this written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever occurs first.

I understand that I will have usage of my week to use, rent, or exchange as long as my payments remain current. If a payment is returned to Defender Resorts from my financial institution as unpaid for any reason, (non-sufficient funds, closed account, etc.) there will be a fee of \$15 and my account will be removed from this ACH draft program. The remaining balance due on my account will immediately become due and payable and all interest and late fees that would have accrued will be added to my account, accrued from the original due date. If I wish to be reinstated to this ACH draft program, there will be a \$25 Reinstatement Fee.

OWNER'S NAME

ADDRESS *CITY, STATE, ZIP*

UNIT(S)/WEEKS OR ACCOUNT NUMBER(S) *E-MAIL ADDRESS*
(If you own more than one unit, please list all units on one form so you will only be charged the \$3 fee one time per month.)

SIGNATURE *DATE*

The first bank draft will begin January on the date chosen below. If you wish to stop this draft, you must notify Defender Resorts in writing that you wish to cancel. If you wish to be reinstated to the ACH draft program, there will be a \$25 Reinstatement Fee.

There is a \$3 per month fee for this service. To calculate your monthly draft amount, divide the total Amount Due on your statement by the number of months remaining in the year and add \$3. The amount will be adjusted in January of each year based on the Maintenance Fee for that year. (For example: \$686 Total Amount Due divided by 12 months = \$57.17 + \$3 = \$60.17 per month.)

Please check one option below:

- Draft on the 5th of each month
 Draft on the 15th of each month
 Draft on the 25th of each month

*****Please attach a voided blank check, or a copy of a voided blank check, to this form*****

Return to: Defender Resorts, Inc. 6301 N. Kings Highway, Myrtle Beach, SC 29572, Attn: Connie Hicks
OR FAX #:843-449-9469 OR Email: chicks@defenderresorts.com