

DEBIT AUTHORIZATION FORM:

I (we) hereby authorize HILLPOINT FARMS HOMEOWNERSqASSOCIATION, INC. or its agent to initiate debit entries to my checking/savings account(s) at the financial institution listed below and if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until HILLPOINT FARMS HOMEOWNERSqASSOCIATION, INC. is notified by me (us) **in writing** to cancel it in such time as to afford HILLPOINT FARMS HOMEOWNERSq ASSOCIATION, INC. and the Financial Institution a reasonable opportunity to act on it.

I acknowledge my right to receive prior notice of any debit entry which varies from the approved monthly association fee debit entry in any amount.

(NAME OF FINANCIAL INSTITUTION)

(ADDRESS OF FINANCIAL INSTITUTION . BRANCH, CITY, STATE, & ZIP

X _____
(SIGNATURE)

(DATE)

(NAME . PLEASE PRINT)

(MAILING ADDRESS . PLEASE PRINT)

(UNIT STREET ADDRESS-PLEASE PRINT)

THE FIRST ENTRY WILL OCCUR ON THE 2ND OF _____ month, 2004 IF THIS AUTHORIZATION IS RECEIVED BY HILLPOINT FARMS HOMEOWNERSqASSOCIATION, INC. BY THE 18TH OF THE CURRENT MONTH. EACH PAYMENT THEREAFTER WILL OCCUR ON THE 2ND DAY OF EACH MONTH/QUARTER UNLESS IT FALLS ON A HOLIDAY OR WEEKEND. IN THAT INSTANCE, THE PAYMENT WOULD BE DRAFTED THE FIRST BUSINESS DAY AFTER.

Circle One: CHECKING or SAVINGS

CHECKING/SAVINGS ACCOUNT NUMBER (Second Set of Numbers): _____

FINANCIAL INSTITUTION ROUTING NUMBER (First Set of Numbers): _____

****PLEASE ATTACH A VOIDED CHECK****

Please return form to: United Property Associates
Attn: Amanda Post
525 S. Independence Blvd., Ste. 200
VA Beach, VA 23452

XX
(COMPANY USE ONLY)

ASSOCIATION NUMBER: _____ CUSTOMER NUMBER: _____

RECEIVED: ___ / ___ / ___ ENTERED: ___ / ___ / ___ ENTERED BY: _____

AMOUNT: \$ _____