

HIGH TIDE

ASSOCIATES

Real Estate Services • Brokerage • Regime & Association Property Management

Our Commitment:

High Tide Associates provides best in class service for our communities that is rooted in the philosophy of honesty, integrity, and respect. We enable the Communities and their Board of Directors to achieve its goals through this approach. This earned trust leads to long-lasting relationships. In addition, our philosophy provides our employees with a challenging and rewarding environment in which to grow and succeed.

Dear Beachwalk Owners,

High Tide Associates (HTA) is your property management company. We have 25+ years of experience in regime property management. We are very excited and confident that our service will meet your expectations as we have assembled a great team to manage the property. David Wells is your Property Manager, and Laloni Wikel is the Assistant Manager.

Be certain to visit our Website at <https://hightideassociates.com> for all Governing Documents (i.e., Master Deed, Bylaws, Rules and Regulations, etc.) and carefully review all documents in full.

If you have any Accounting questions you may contact Accounting at your earliest convenience. If you would like to make your payments by ACH, please fill out the following ACH form, and you will not receive a coupon book. ACH is not mandatory.

David Wells, Property Manager

843-686-2241, Ext. 104

Email: david@hightideassociates.com

Laloni Wikel, Assistant Manager

843-686-2241, Ext. 102

Email: laloni@hightideassociates.com

Accounting: 843-686-2241, Ext. 103

Office Hours -- Monday – Friday 9 am – 4 pm

P.O. Box 7665 – Hilton Head Island, SC 29938

Fountain Center

55 New Orleans Road, Suite 211

Hilton Head Island, SC 29928

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Beachwalk

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS) **ALL DIRECT DRAFT TRANSFERS WILL BE DRAWN ON OR AROUND THE 10TH OF THE MONTH** **OF WHICH IT IS DUE.**

I (we) hereby authorize High Tide Associates (HTA), hereinafter called COMPANY, to initiate debit entries to my (our) checking or savings account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to 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.

Your Banking Information:

Depository Name: _____ Branch: _____ (Bank Name)
(Location) City: _____ State: _____ Routing Number: _____
Account Number: _____ Checking Account _____ Savings Account _____

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 time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

If you wish to stop direct draft you must notify High Tide Associates in writing, including the date you would like the services to be discontinued. Your Personal Information: (Please Print) Account Number (Example: ABC1234): _____

Name(s): _____ Phone Number: _____ day
_____ evening

Signature: _____ Date: _____

Signature: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK TO THE BOTTOM OF THIS **AUTHORIZATION FORM**

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Beachwalk

Contact Information Sheet

Please take a few moments and fill out the information requested below. This information is for regime business and should we need to reach you in the event of an emergency. Please return by mail, fax or email.

Beachwalk Unit #: _____

Owner Name: _____

Mail address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

E-mail: _____

Emergency contact name: _____

Emergency contact number: _____

Rental Company & Contact Name _____

Phone number: _____ Email: _____

Renter Name: _____ Renter Phone Number: _____

PLEASE RETURN TO:

notices@hightideassociates.com