

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

CUSTOMER: If required, photocopy for your records.

(fold)

(fold)

Management Company Name:\_\_\_\_\_

Association Name:

Unit Address:\_\_\_\_\_

(fold)

Homeowner Unit Number / Account Number: \_\_\_\_\_

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 assessment. Your account will be charged on or about the 7th of each month.

I/We understand that these assessments may change periodically, and that such changes will be provided to Union Bank by the above named Association.

	PLEASE ATTACH A VOIDED CHECK (WITH <u>PREPRINTED</u> NAME AND ADDRESS) FROM THE CHECKING ACCOUNT THAT WILL BE CHARGED. UNION BANK MUST RECEIVE THIS FORM BY THE 10TH DAY OF THE MONTH FOR THE AUTOMATIC CHARGE TO BE IN EFFECT FOR THE FOLLOWING MONTH. UNION BANK WILL BE PERFORMING THE ORIGINATION OF THESE CHARGES ON BEHALF OF THE ASSOCIATION.		
1	You will receive confirmation of 1-800-836-5184. Please mail this authorization to:		nave any questions, you may call Union Bank at IG-MP, 4-30A-812
c c	I\We represent and warrant to Union Bank, N.A. 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. Union Bank, N.A. must receive written notification of my\our termination by the 10th day of the month in order to act upon such notification by the following month's payment.		
2	First Name on Account (please print) x Signature		Date
_	Second Name on Account (If applicable)		

Postage Required Post Office will not deliver without proper postage.

UNION BANK HOA REMITTANCE PROCESSING MC 4-30A-812 2001 SATURN STREET MONTEREY PARK CA 91755