



**AUTHORIZATION AGREEMENT FOR
PREAUTHORIZED PAYMENTS**

CUSTOMER: If required, photocopy for your records.

Management Company Name: _____

Association Name: _____

Unit Address: _____

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.

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STAPLE VOIDED CHECK HERE

**PLEASE ATTACH A VOIDED CHECK (WITH PREPRINTED 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 ORIGATION OF THESE CHARGES ON BEHALF OF THE
ASSOCIATION.**

You will receive confirmation of start date via U.S. Mail. If you have any questions, you may call Union Bank at 1-800-836-5184.

Please mail this authorization to: **UNION BANK, N.A.
HOA REMITTANCE PROCESSING-MP, 4-30A-812
2001 SATURN STREET
MONTEREY PARK CA 91755**

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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.

First Name on Account (please print)

X _____
Signature

Date

Second Name on Account (If applicable)

X _____
Signature

Date