

# AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

## Automatic Checking Deductions

Unit Owner Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Acct No or Unit # \_\_\_\_\_

I (we) hereby authorized \_\_\_\_\_ hereinafter called the **ASSOCIATION**, to initialize entries to my (our) checking account at the DEPOSITORY INSTITUTION listed below, to debit the same to such account. I understand my participation in this program involves deduction from my account listed below, which can be subject to corrections and/or adjustments as instructed by the **ASSOCIATION**.

Unit Owner's Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Routing number or ABA number: \_\_\_\_\_

Account number: \_\_\_\_\_ DDA \_\_\_\_\_  
SAV \_\_\_\_\_

Amount of monthly dues or Payment \_\_\_\_\_ Frequency \_\_\_\_\_

Date due: \_\_\_\_\_ **ASSOC NAME**

This authorization is to remain in full force and effect until \_\_\_\_\_ has received written notification from me (or either of us) of its termination in such time and in such manner as to afford \_\_\_\_\_ & EXECUTIVE NATIONAL BANK a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature of Member Date

\_\_\_\_\_  
Signature of Member (2<sup>nd</sup> authorized person) Date

Attention participants: Whenever possible provide \_\_\_\_\_ a copy of a voided check to verify bank information. Return or rejected ACHs are subject to late fees

**Joe Smith** 0783  
**Any Town** 63-815/570  
**USA** DATE \_\_\_\_\_

TAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

EX-100-AMS Responsible Features  
Indicates Features  
Available on back

Bank Routing Number NK Account Number

FOR \_\_\_\_\_

⑆06 7008 155⑆ 0734098 21⑆06 0783 ← Check Number