

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Automatic Checking Deductions

Unit Owner Name: _____ E-Mail: _____

Acct No or Unit # _____

I (we) hereby authorized VILLA SAN MIGUEL CONDO 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 VILLA SAN MIGUEL CONDO has received written notification from me (or either of us) of its termination in such time and in such manner as to afford VILLA SAN MIGUEL CONDO & EXECUTIVE NATIONAL BANK a reasonable opportunity to act on it.

Signature of Member Date

Signature of Member (2nd authorized person) Date

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

Joe Smith		0783
Any Town		63-916/970
USA		DATE _____
PAY TO THE ORDER OF _____ \$		
	Bank Routing Number NK	Account Number
FOR _____		
⑆06 7008 155⑆ 0734098 2106		0783 ← Check Number