

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Automatic Checking Deductions

Unit Owner Name: _____ E-Mail: _____

Account 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 _____ & CITIBANK a reasonable opportunity to act on it.

Signature of Member

Date

Signature of Member

Date

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

| | | | |
|------------------------------|-----------------------------|---|-------------------|
| Joe Smith Any Town USA | 63-8655 75 2660 | 0783 | Date _____ |
| PAY TO THE ORDER OF _____ | | \$ <input style="width: 100px;" type="text"/> | Dollars. |
| <i>citibank</i> | Bank Routing Number ↓ | Account Number ↓ | Check Number ← |
| Memo | | | |
| 266086554 | 0123456789 | 0783 | |