

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

CUSTOMER: Please retain a copy for your records.

ASSOC	CIATION NAME				<u> </u>
Sta	rlight Ridge Homeowner	s Association	12	ř.	
UNITAC	DORESS				
HOMEO	OWNER UNIT NUMBER		ASSESSMENT AMOUNT \$60.00	<del></del>	New Update Cance
UNIT O	WNER NAME			3.0	UNIT ACCOUNT NUMBER
UNIT OV	NIT OWNER MAILING ADDRESS				
UNIT OV	WNER PHONE NUMBER		UNIT OWNER EMAIL ADDRESS	•	
I/We a	I 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 on or about the8th of each January, April, July & Octobe				
above cance	understand that these assessme e named Association. I/We also u el the automatic preauthorized pa ours prior to the following schedul	understand that it is ou ayment once I am no k	ir responsibility to Pacific v	VESTERN BANK	provided to PACIFIC WESTERN BANK at the address listed, to stop or my payment arrangement), at leas
	PLEASE ATTACH A	A VOIDED CHECK COUNT THAT WILL	(WITH <u>PREPRINTED</u> I BE CHARGED.	NAME AND	ADDRESS) FROM
PACIFI	PACIFIC WESTERN BANK MUST RECEIVE THIS FORM BY THE 10TH DAY OF THE MONTH FOR THE AUTOMATIC CHARGE TO BE IN EFFECT FOR THE FOLLOWING MONTH.				
PACIF	FIC WESTERN BANK WILL BE PE		DRIGINATION OF THE	SE CHARG	GES ON BEHALF OF THE
Pleas	e mail this authorization to:	Ralston Mana 28441 Rancho Temecula, CA	California Rd. 101		
I/We re accou disclos	int and understand that electron	VESTERN BANK . that the transactions on said	he undersigned are all sig d account is governed by	ners required the terms o	to transact business on said depos f my/our deposit account terms ar
First N	lame on Account (please print)				
Signate	ture	3	Date		
Secon	nd Name on Account (If applicable)				
x					
x Signat	ture		Date		