



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

CUSTOMER: If required, photocopy for your records.

Association Name: _____

Unit Address: _____

Homeowner Unit 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 on or about the **8th** of each month.

I/We understand that these assessments may change periodically, and that such changes will be provided to Union Bank of California by the above named Association.

(fold)

(fold)

**PLEASE ATTACH A VOIDED CHECK (WITH PREPRINTED NAME AND ADDRESS) FROM
THE CHECKING ACCOUNT THAT WILL BE CHARGED.**

**UNION BANK OF CALIFORNIA 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 OF CALIFORNIA WILL BE PERFORMING THE ORIGATION OF THESE CHARGES ON BEHALF
OF THE ASSOCIATION.**

STAPLE VOIDED CHECK HERE

You will receive confirmation of start date via U.S. Mail. If you have any questions, you may call Union Bank of California at 1-800-927-6000.

Please mail this authorization to: **UNION BANK OF CALIFORNIA
HOA REMITTANCE PROCESSING, N01-622
460 HEGENBERGER ROAD
OAKLAND CA 94621**

(fold)

(fold)

I/We represent and warrant to Union Bank of California, 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 of California, 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

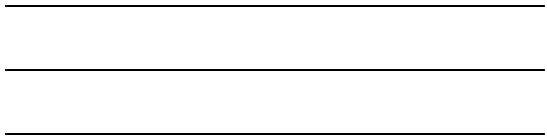
Date

Second Name on Account (If applicable)

x _____
Signature

Date

STAPLE BEFORE MAILING



Postage
Required
Post Office will
not deliver
without proper
postage.

**UNION BANK OF CALIFORNIA
HOMEOWNERS ASSN REMITTANCE PROCESSING
N01-622
460 HEGENBERGER ROAD
OAKLAND CA 94621-1496**