## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS Automatic Checking Deductions

Unit Owner Name:	
Acct No or Unit #	
I (we) hereby authorized Club La Costa Homeowners Association, Inc. hereinafter called entries to my (our) checking account at the DEPOSITORY INSTITUTION listed be account. I understand my participation in this program involves deduction frow which can be subject to corrections and/or adjustments as instructed by the	elow , to debit the same to such om my account listed below,
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 Club La Costa Homeowner notification from me (or either of us) of its termination in such time a Club La Costa Homeowners Association, Inc.  & EXECUTIVE NATIONAL BANK a reasonable control of the costa Homeowners and the costa Homeowners are control of the costa Homeowners and the costa Homeowners are control of the costa Homeowners and the costa Homeowners are control of the costa Homeowners and the costa Homeowners are control of	nd in such manner as to afford
Signature of Member Date	
Signature of Member (2 <sup>nd</sup> authorized person Date	
Attention participants: Whenever possible provide Club La Costa Homeowners Association, Inc. 2 bank information. Return or rejected ACHs are subject to late fees	a copy of a voided check to verify
Joe Smith	0702
Any Town	0783 63-815/670
USA DATE	<del>-</del>
TAY TO THE ORDER OF	\$
	DOLDARS III Requisit features motores particular no neces
EXEC Bank Routing NK Account Number	
FOR	Check Number