CIVANO I: NEIGHBORHOOD I ASSOCIATION, INC.

AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize <u>PAUL ASH MANAGEMENT COMPANY</u>, and/or CIVANO I, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account on the specified date each month. *The amount deducted will be no less than 100% of the full balance owed at the time payment is processed unless an authorized payment arrangement has been signed and approved.

BANK or CREDIT UNION INFORMATION:	
(Financial Institution Name)	(Branch / City, State)
(Routing Number) (Account Number)	Type of Acct:
This authority is to remain in full force and enotification from me (or either of us) of its termination COMPANY and FINANCIAL INSTITUTION a reason.	
OWNER INFORMATION:	
(Print Individual Name)	The withdrawal date will be the 20th of every month.**
(Address/Lot)	**Please allow 1-3 days to process
(E-mail address)	(Signature)
(Phone number)	(Date)
PLEASE ATTACH A COPY OF YOUR Y Mail or drop off form to: 3499 N Campbel (Or scan and email to Rebecca Cazare) (Voided	l Ave, Suite #907, Tucson, AZ 85719 s at Rcazares@paulashmgt.com)