AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS Automatic Checking Deductions Unit Owner Name: E-Mail: Acct No or Unit # I (we) hereby authorized _____ Sonara at Malibu Bay _____ 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: DDA _ / _ SAV _____ Account number: Amount of monthly dues or _____ Frequency _____ Payment ASSOC NAME Date due: This authorization is to remain in full force and effect until _____ Sonara at Malibu Bay _____ has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **Sonara at Malibu Bay** & EXECUTIVE NATIONAL BANK a reasonable opportunity to act on it. Signature of Member Date Signature of Member (2nd authorized person Date Attention participants: Whenever possible provide <u>Sonara at Malibu Bay</u> a copy of a voided check to verify bank information. Return or rejected ACHs are subject to late fees Joe Smith 0783 Any Town 63-815/670 USA DATS____ | \$ CRUER OF DOLLARS E Bounds forfarts Bank Routing NK I Account Number Number :067008155: 07340982#06 0783₊ Check Number