

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

CUSTOMER: Please retain a copy for your records.

MANAGEMENT COMPANY NAME		
ASSOCIATION NAME Whispering Palms Homeowners Association		
UNIT ADDRESS		
HOMEOWNER UNIT NUMBER	ASSESSMENT AMOUNT \$180.00	☐ New ☐ Update ☐ Cancel
UNIT OWNER NAME		UNIT ACCOUNT NUMBER
UNIT OWNER MAILING ADDRESS		
UNIT OWNER PHONE NUMBER	UNIT OWNER EMAIL ADDRESS	

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.

(fold) I/We understand that these assessments may change periodically, and that such changes will be provided to PACIFIC WESTERN BANK above named Association. I/We also understand that it is our responsibility to PACIFIC WESTERN BANK at the address listed, to stop or cancel the automatic preauthorized payment once I am no longer a Unit Owner (or plan to change my payment arrangement), at least 72 hours prior to the following scheduled monthly payment.

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

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.

PACIFIC WESTERN BANK WILL BE PERFORMING THE ORIGATION OF THESE CHARGES ON BEHALF OF THE ASSOCIATION.

STAPLE VOIDED CHECK HERE

Please mail this authorization to: **Ralston Management
28441 Rancho California Rd. 101
Temecula, CA 92590**

I/We represent and warrant to PACIFIC WESTERN BANK that the undersigned are all signers required to transact business on said deposit account and understand that electronic transactions on said account is governed by the terms of my/our deposit account terms and disclosure.

First Name on Account (please print)

x
Signature

Date

Second Name on Account (If applicable)

x
Signature

Date

FOR BANK USE ONLY

DATE RECEIVED	EFFECTIVE DATE	COMPLETED BY	DATE
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