



(fold)



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

CUSTOMER: If required, photocopy for your records.

Management Company Name:			
Association Name:			
Unit Address:			
Homeowner Unit Number / Accou	nt Number:		
	tion to charge my/our checking accomonthly association assessment. Yo		
I/We understand that these asses by the above named Association.	sments may change periodically, an	d that such changes will be pr	ovided to Union Bank
UNION BANK MUST REC	A VOIDED CHECK (WITH <u>PREPR</u> THE CHECKING ACCOUNT THAT V CEIVE THIS FORM BY THE 10TH D ARGE TO BE IN EFFECT FOR THE	WILL BE CHARGED. AY OF THE MONTH FOR TH	
UNION BANK WILL BE F	PERFORMING THE ORIGINATION ASSOCIATION.		EHALF OF THE
You will receive confirmation of 1-800-836-5184.	of start date via U.S. Mail. If you h	ave any questions, you ma	/ call Union Bank at
Please mail this authorization to:	UNION BANK, N.A. HOA REMITTANCE PROCESSIN 2001 SATURN STREET MONTEREY PARK CA 91755	G-MP, 4-30A-812	
deposit account and understand deposit account terms and disclos	ion Bank, N.A. that the undersigned that electronic transactions on said sure. Union Bank, N.A. must receive bon such notification by the following	d account will be governed by written notification of my\our t	y the terms of my\our
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 HOA REMITTANCE PROCESSING MC 4-30A-812 2001 SATURN STREET MONTEREY PARK CA 91755