

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
Automatic Checking Deductions

Unit Owner Name
Acct No or Unit

I (we) hereby authorized 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

Account number DDA
SAV

Amount of monthly dues or Payment Frequency

This authorization is to remain in full force and effect until has received written notification from me (or either of us) of its termination in such time and in such manner as to afford & 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 a copy of a voided check to verify bank information. Return or rejected ACHs are subject to late fees