AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS Automatic Checking Deductions

Unit Owner Na	ame:			E-Mai	l:		
Acct No or Un	it #						
entries to my (or account. I unde	uthorized ur) checking acco rstand my particip ubject to correctio	unt at the E ation in this	DEPOSITORY II	NSTITUTION listed olves deduction	below , to o from my ac	debit the sam count listed l	e to such
Unit Owner's E	Bank Name:						
Bank Address:							
Routing numb	er or ABA numb	er:					
Account number:						DDA SAV	
Amount of mo Payment	-			Frequenc	су		
Date due:						ASSO	C NAME
notification fr	ion is to remain in om me (or eithe	of us) of	its terminati	on in such time	e and in su	ch manner	as to afford
Signature of Member				Date			
Signature of	Member (2 nd authorized pers	on		Date			
	cipants: Wheneve on. Return or rejec			ate fees	a copy of	a voided che	eck to verify
A	oe Smith ny Town SA			DATS		0783 63-815/570	
<u>DAY</u>	то тне <u>рек</u> ор				\$ DQLEAR	15 III Francisto Francisco Intellando 15 III Francisco Francisco	
FO	EXEC Bank Routin Number	ng NK [Account N	umber			
	067008155	: 0734(30°%5 8P0	0783₊	Check Numb	er	