



**AUTHORIZATION AGREEMENT
FOR PREAUTHORIZED PAYMENTS**

This form is to authorize automatic payment of your Association dues from your checking account. It is optional and for your convenience. Your Association does not charge for this service.

Association Name _____

Unit Address _____

email Address _____ (You will receive an electronic statement each month)

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 15th of each month.

I/We understand that these assessments may change periodically, and that such change will be provided to the management company by the above named Association.

STAPLE VOIDED CHECK HERE

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

THE MANAGEMENT COMPANY MUST RECEIVE THIS FORM BY THE 10TH OF THE MONTH FOR THE AUTOMATIC CHARGE TO BE IN EFFECT FOR THE FOLLOWING MONTH.

THE MANAGEMENT COMPANY ACCOUNTING DEPARTMENT WILL BE PERFORMING THE ORIGATION OF THESE CHARGES ON BEHALF OF THE ASSOCIATION.

If you have any questions, you may call the Accounting Department at 949-216-3985.

Please mail this authorization to: Orange County HOA Management
100 Spectrum Center Drive STE 900
Irvine CA 92618

I/We represent and warrant to the management company that the undersigned are all signers required to transact business on said deposit account and understand that electronic transactions on said account will be governed by the terms of my/our account terms and disclosure. OC HOA Management must receive written notification of my/our termination by the 10th day of the month in order to act upon such notification by the following month's payment.

First Name on Account (Please Print)

Signature

Date

Second Name on Account (If Applicable)

Signature

Date